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I N S T I T U T I O N A L I Z A T I O N

AS A CONTRIBUTING FACTOR IN
ANTISOCIAL BEHAVIOUR

Implications for Statutory Social Work Practice

by

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Thesis submitted in fulfilment
of the requirements
for the Degree of

Master of Social Science in Social Work

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A B S T R A C T

This study looks at the role of statutory social work practice within the framework of current South African legislation. The implications of this legislation for persons exhibiting antisocial behaviour were examined in the light of institutional and community-based management options.

An overview of the literature is presented in order to place the concepts of institutional care, community-based options and legal reform in perspective. These literature studies provided the framework for an exploratory survey of 70 purposely sampled statutory social work clients, with a view to re-examining institutionalization as a possible contributing factor in their antisocial behaviour.

Using a structured interview schedule, the Researcher elicited information concerning the respondents' histories of institutionalization, their evaluations of its effects and other possible factors contributing to their antisocial behaviour.

The outcome of the study confirmed the major research

question, namely that institutionalization could be regarded as a contributing factor in antisocial behaviour. Conversely, the findings reflected major literature surveys which stated that institutionalization has an adaptive potential for certain client systems. Results flowing from both negative and positive factors are mediated by the characteristics of the institution; by those who are institutionalized, and by other factors which precede, coexist with or follow institutionalization.

The study supports the preferential use of community-based alternatives in statutory social work as well as providing guidelines for institutional reform and future research.

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C H A P T E R . O N E

INTRODUCTION

INTRODUCTION

Social workers in the Republic of South Africa frequently operate within the framework of legislation in order to promote the social functioning of their clients. Hereby, they can influence the presence of particular management options in a client's life. This is the essence of statutory social work.

The central statutory frameworks concerning children, drug and alcohol dependency, offenders and psychiatric patients - all major client groups for social workers - outline management options which are either community-based or institutional.

Research has raised questions about the efficacy of institutionalization as a management method within the field of statutory social work. Potential negative outcomes, including the development of antisocial behaviour, have been noted. In consequence, there has been a discernable movement on a world wide basis to explore the community-based options and alternatives.

As a social worker in a State Welfare Department serving members of the White population group, the writer's clinical experience in a statutory social work setting has revealed that a great many clients are institutionalized. Further, it is apparent that guidelines concerning who is suitable for institutional care and a modus operandi to maximize the effectiveness of institutional options is lacking. Finally, the outcome of the institutions has not been adequately researched or dealt with besides a limited follow-up of individual clients for the purpose of after-care.

This study addresses these concerns in that it attempts to clarify the whats, whys, and hows of some of the effects of institutions on people.

PURPOSE OF THE STUDY

This study examines the premise that institutionalization is a possible contributing factor in antisocial behaviour.

The Defining Social Work Dictionary (1984) defines antisocial behaviour as follows:

"conduct which is detrimental to or in conflict with the interests of society or the existing social order, customs or moral codes" (1)

Clearly, conduct such as crime, alcoholism, drug addiction, child neglect and mental illness could be interpreted as antisocial according to this definition. The definition is very broad but nevertheless captures the core of the study i.e. determining whether personal pathology or dysfunction is created or exacerbated by a period of institutionalization.

For the purpose of this study an "institution" simply means any short or long term provision of an organized kind, on a residential basis, with the expressed aims of care, treatment, or custody. This definition enables the inclusion of all institutional management options for the major client groups with whom the statutory social worker deals.

CONCEPTUALIZATION OF THESIS

White persons convicted in a criminal court over the period 15 December 1984 to 15 April 1985 and who were referred to the Department of Health Services and Welfare, Cape Town, for social work pre-sentence reports, were interviewed. A structured interview schedule was used which elicited, inter alia, information in respect of the respondents' histories of institutionalization as well as their evaluation of the effects that this had upon them. The reasons for such effects were also explored.

The results were, in part, interpreted in terms of a protocol developed by the writer following a literature and research survey. This protocol's basic premise suggests that whereas institutions can have negative, unwanted and antisocial outcomes, they can also be helpful, adaptive and rehabilitative. If attention is given to the process of institutionalization then the positive potential of institutions can be encouraged. Following a literature survey the writer has developed nine guidelines which can be followed during the process of institutionalization. These guidelines include the following:

- preparing and gaining the cooperation of the inmate and his family for admission
- actively treating inmates during their stay at institutions
- ensuring that the treatment in the institution prepares the inmate for life outside the institution
- ensuring the rules and regulations of the institution do not take precedence over treatment programs
- ensuring that the staff of the institution cooperate in achieving the institution's therapeutic goals

- involving the inmate's significant others in the treatment program
- taking account of inter-inmate forces
- undertaking pre-release planning, and
- undertaking aftercare.

The results are interpreted in terms of the role of these institutionalization guidelines.

BRIEF OUTLINE OF THESIS

The study has as its major theme or research debate the implications that institutionalization as a possible contributing factor in antisocial behaviour has for statutory social work practice. To this end theoretical chapters on statutory social work in the Republic of South Africa, institutionalization as a contributing factor in antisocial behaviour, and the relevance of the debate concerning the effects of institutions for statutory social work are included. Given the nature of the study an in depth exploration of antisocial behaviour is beyond its scope. Thereafter the methodology (including limitations), results and discussion thereof, and the implications of the results are dealt with in separate chapters.

C H A P T E R T W O

STATUTORY WORK IN THE REPUBLIC OF SOUTH AFRICA

INTRODUCTION

The Defining Social Work Dictionary (1984) defines statutory social care as:

"Activities in terms of an Act for the promotion of the well-being of people." (1)

It is within this context that the term statutory social work is utilized in the context of the thesis i.e. the administration of various Acts by social workers in an attempt to promote the well-being or level of social functioning of specific client groups.

Within the legislation concerning the major client groups in statutory social work, i.e. the offender, the substance dependent, children and psychiatric patients, the role of the social worker is demarcated. The opportunity exists within these role definitions for the social worker to influence the presence of a particular statutory management option in a client's life. It is this statutory

involvement and ability to influence via a statutory role that defines the essential character of statutory social work.

Historically, the management of major traditional client groups has been outlined in the statutes in South Africa. According to Pieterse (1976), as the profession has developed so the role of the social worker has become more professionally apparent.

Statutory social work is possibly the field of social work where the current revolution towards scientifically based practice as described by Fischer (1978) is most needed. The fact that clients are compelled by the courts to follow treatment plans as recommended by social workers, at times minus their consent, underlines the necessity of a scientifically researched basis for practice (so as to avoid non-productive and punitive treatment efforts).

Statutory social work is practised by both the social worker in the private sector and his state-employed colleague. This is true for all the racial groups in South Africa, despite the fact that the goals of specific state or private sector welfare agencies might be to render services to members of one racial group only. In fact, separate state welfare departments exist for White, Coloured, Asian

and Black persons. Statutory social work is, however, according to Winckler (1972), largely the domain of the State employed social worker in South Africa.

The legal system within which the statutory social worker operates is composed of courts which administer criminal legislation as well as of those which administer legislation within the context of rehabilitation. An example of the latter would be the Children's Court which administers the Children's Act number 33 of 1960 as amended, which is predominantly directed at ensuring the welfare of children in need of care as a result of, for instance, parental neglect.

This chapter has as its goal the examination of statutory social work practice in South Africa with special reference to the major client systems involved and described. Special attention will be given to the statutory frameworks which demarcate the social worker's role. This will reveal that both community-based and institutional management options exist for the client systems or groups involved, and the relative merits of these various options will be discussed. The client systems to be discussed are children, the substance dependent, psychiatric patients, and offenders - in that order.

CHILD WELFARE AND THE STATUTORY SOCIAL WORKER

According to Kadushin (1967) Child Welfare is concerned with the antecedents, concomitants and consequences of parent-child relationship problems, as well as the enactment and implementation of parent roles and child roles. Brown and Swanson (1978) have outlined the services that have been developed in Child Welfare to fulfil its goals i.e. they involve supportive, supplemental and substitute services. Substitute services are designed to substitute for parental care when parents are not willing or able to carry out their functions and the child must be removed from home. Supportive and supplemental services, on the other hand, are directed towards the maintenance of children in their own homes. Statutory social work services can operate at any of these levels i.e. attempting to maintain children in their own homes or in substitute services. Substitute services might be institutional in nature e.g. placement in a children's home, or community-based in nature such as when foster care is utilized.

The approach that the individual statutory social worker utilizes with regard to individual cases is a decision-making process which involves subjective, value-based elements. Fox (1982) has identified two major contrasting viewpoints in this regard i.e. one which emphasizes the prevention of the break-up of "natural" or biological

families and the restoration of biological ties; whilst the other advocates the readier removal of children from natural families and the provision of permanent, secure, substitute families where natural parenting is unsatisfactory. Giller and Morris (1981) also support the argument concerning the phenomenological nature of social work decision-making. These phenomenological elements in decision-making in combination with the undeveloped knowledge base in the field of statutory social work expose clients to potential abuse, in view of the compulsion element in this area of practice.

The framework for practice in this field is provided by the Children's Act No. 33 of 1960 as amended. New child welfare legislation has been developed i.e. the Child Care Act No. 74 of 1983. The latter Act is not yet in operation as it is still being examined by the law-making body of the country, and was thus not in operation at the time this study was undertaken.

Both of these Acts define what a child in need of care is, that is, which children qualify for statutory intervention and what treatment options can be ordered in respect of these children by the appropriate competent court i.e. the Children's Court.

According to the Act No. 33 of 1960 as amended, a child in need of care means a child, according to Eckard (1984) whose circumstances can be attributed to:

"... omstandighede buite sy beheer (soos ontoereikende ouerlike sorg of onbevredigende huislike omstandighede) of aan sy eie gedrag (soos byvoorbeeld onbeheerbaarheid, skoolversuim of die pleging van 'n misdryf wat voortspruit uit omstandighede buite sy beheer." (2)

In practice, symptoms like malnutrition, physical injuries, aggression, truancy and deviant behavioural problems are indicative that a child may be in need of care. This is true for the Act No. 33 of 1960, as amended, as well as the Child Care Act No. 74 of 1983, although the terminology of the latter Act implies a greater emphasis on the functioning and responsibility of the parent. For instance, a child is not considered uncontrollable but rather the parent is seen as not being able to control the child properly.

Children who are allegedly in need of care can be brought into attendance at a Children's Court Enquiry. At this enquiry the presiding judicial officer seeks not to apportion guilt but to determine whether the child is, in fact, in need of care. The Children's Court is not a criminal court and the Commissioner of Child Welfare who presides at the enquiry is not seeking to apply punitive

sanctions but rather the appropriate therapeutic management method. In the normal course of events it is the social worker's evidence, usually in the form of a report, which forms the basis of the Commissioner's decisions, findings, and orders.

In terms of the Act No. 33 of 1960, as amended, and No. 74 of 1983, the powers of Children's Courts include being able to make the following orders, which outline the treatment options available:

- returning the child to the custody of his parents
- placing the child in foster care
- placing the child under the control of an approved agency
- committing the child to a children's home
- committing the child to a school of industries
- ordering that the child be adopted
- referring the child to an observation centre

- placing the child on probation or under the supervision of a social worker, usually prescribing conditions to the child and the adults concerned
- referral to a place of safety, and
- transferring a child from one form of care to another, albeit pending another State Department's approval.

Both institutional and community-based treatment alternatives exist, and could be used in combination as in the case when a child is placed in a place of safety pending the selection of suitable foster parents for him.

The role of the social worker is not one which can be limited to the proceedings themselves. Rather, the social worker is involved in the circumstances that led to the opening of a Children's Court Enquiry and can extend in the form of aftercare long after the Children's Court proceedings have been finalized. Nevertheless, it is true that it is the customary social work report that is submitted at Children's Court proceedings that provides the social worker with the ability to significantly influence Children's Court orders, and hereby the lasting presence of the various management options in the client's life.

Further to the above, social workers do not resort to the Children's Court with every case that is referred for treatment. There is an intervention stage which is pre-statutory and might result in the resolution of the presenting problems. This intervention can be seen as preventive in that it avoids the necessity of Children's Court proceedings and the possibility of the disruption of a family group.

Concerning the relative use of the various management options available to the Children's Court, and balancing the view of the Report of the Committee of Enquiry into Certain Aspects of Childcare (1982) which argued that the majority of children in need of care were not committed to child care institutions, it appears that forty to fifty percent of white children found in need of care in South Africa are institutionalized. According to Kellerman (1984) who surveyed the statistics concerning white children found in need of care during 1981 and 1982, of the 7161 children found in need of care, a total of 3067 were institutionalized. The Department of Health and Welfare's Annual Report of 1983 supports the view that roughly forty to fifty percent of children in need of care are institutionalized, i.e. placed in children's homes and schools of industries. Within the non-institutional options the majority of children are placed in foster care as opposed to being

returned into their own parents' care, with or without social work supervision.

Institutional care forms a major part of the treatment applied to children in need of care in South Africa. An examination of the world-wide trend in this regard, as is undertaken by Kahn and Kamerman (1980), reveals that a policy continuum is discernible which ranges from the effort to de-institutionalize at all costs, to the acceptance of an institution - alternatives mix because there is no practical manner to do otherwise - to the approach which sees real positives in institutional care. These researchers identified a movement towards institutional reform and a search for alternatives based in a more normal community life. A significant finding made was that neither the institutional reform nor the position taken on alternatives was derived from empirical research and alternatives. This finding by Kahn and Kamerman (1980) is in accord with the writer's own evaluation of the literature on institutions in general, that is, there is a need for research so as to develop the knowledge base and thereby minimize the subjective elements in social work decision-making concerning institutionalization.

The writer has himself researched the literature concerning the relative merits of institutional versus community-based alternatives in Child Welfare and has

concluded along with writers such as Fox (1982) and Kahn and Kamerman (1980) that the preference for either form of management option is not based on conclusive empirical research and evidence. It does appear though, that the sound use of institutions of the nature suggested by the writer when discussing institutional reform, can allay the fears concerning the negative effects of institutions on children. In addition to this, it is also arguable that the extensive use of community-based alternatives prior to utilizing the institutional options is a sound social work practice principle to follow in Child Welfare. The prevention of the removal of children from home and the preference for community-based alternatives has merit in that the potential negative effects of family disruption and institutionalization are avoided, as well as the advantages of community-based treatment being exploited. Criminologist Küpper-Wedepohl (1980), for instance, has argued that offenders can only be taught to adapt to reality and the problems they will face in it, by remaining within that reality and being assisted in developing more adequate coping mechanisms to deal with its demands. This demonstrates the major advantage of community-based care.

In view of the above, the writer is of the opinion that guidelines for statutory social work for intervention with individual cases can be stated. This model could include

initial intervention being primarily of a therapeutic nature e.g. via family therapy with the child remaining in the natural family setting. Tomlinson and Peters (1981) and Fox and Whelley (1982) have demonstrated the effectiveness of family therapy programs which seek to prevent placement of children. Should such an approach fail or be inappropriate for any reason, then this therapeutic program could be combined with an institutional option such as a clinic school or a psychiatric facility. Barker (1979) as an example, lists outpatient facilities as a resource in the treatment of childhood psychiatric problems. Further, within the State Department of Education dealing with White children in the Transvaal, South Africa, there are clinic schools. These schools cater for children with severe behavioural problems. In this specialized setting the children carry on with normal schoolwork whilst they are treated for their problems. Should these first two means of intervention fail, then consideration can be given to removing the child from his own family and utilizing alternatives such as foster care or adoption, albeit that such alternatives might be backed up by institutional support e.g. a clinic school. Should this alternative prove to be inappropriate, or fail, then institutional options can be considered. These institutional options must be evaluated in terms of how well they are going to prepare the child for reintegration into his own family, or at least

back into the community. An institution is not an end in itself if it is correctly utilized, but a means to an end i.e. satisfying, responsible and independent functioning by the child in the community - preferably in his own family. Such an approach is endorsed by the report into Certain Aspects of Child Care (1982).

In conclusion, it is the writer's view that this field is probably the area that demands the highest level of caution concerning the treatment alternative chosen in view of the possible permanent damage this can cause in a developing person.

SUBSTANCE DEPENDENCY AND THE STATUTORY SOCIAL WORKER

The second client group to be discussed in this chapter involves those who are dependent on any dependency-producing substance such as alcohol. Broadly speaking, anyone who has to use a substance regularly in order to help him cope with life is a substance dependent. Gillis (1980), a South African Professor of Psychiatry, would support such a broad definition although more specific definitions are possible. The latter definitions would specify loss of control over use despite insight into the detrimental psychological, social and physical effects the use was inflicting. Such elements are included in the definition given in the

Defining Social Work Dictionary. (1984). This chapter, however, will approach the definition and management of substance abusers in terms of the South African legislation in this regard.

The Abuse of Dependence-producing Substances and Rehabilitation Centres' Act, No. 41 of 1971 as amended, outlines what, in the case of White, Asian and Black persons, constitutes substance-dependency and what the available statutory management options are. In the case of Coloured people the Rehabilitation Centres for Coloureds, Act No. 1 of 1971 as amended, fulfils this purpose. According to these Acts anyone who is dependent on a substance and in consequence thereof squanders his means, injures his health or endangers the peace, or in any other manner does harm to his own welfare or the welfare of his family, qualifies for statutory intervention. In terms of these Acts other forms of social deviance, for example begging for money, are also grounds for statutory intervention in a person's life.

Statutory treatment involves an element of compulsion. Kessel and Walton (1979) query the necessity of such compulsion in view of research findings which indicate that where acceptable services are provided, alcoholics use them voluntarily. The writer's clinical experience contradicts

this in that it has become evident that there are persons in the community who will refuse treatment of reputable quality and who will require compulsory treatment to deal with their serious condition.

This statutory intervention takes place within a Rehabilitation Court which is primarily a non-criminal court concerned with the treatment of substance-dependency. A legal officer presides at a Rehabilitation Court Enquiry and if it appears to him on the basis of evidence presented, which usually is a social worker's report, that the person qualifies for statutory management, then he orders that an appropriate treatment alternative is complied with by the client. In this latter regard he is usually also guided by a social worker.

The management options available to the presiding judicial officer are either that the client be committed to a rehabilitation centre for lengthy in-patient treatment, or that this committal be postponed or suspended for a maximum of three years on certain conditions. These conditions normally involve the client submitting himself to the supervision of the social worker. If these conditions are not complied with then the order of committal to a rehabilitation centre comes into operation.

Thus community-based and institutional options exist within the Act. Further, in the case of a postponed order it is possible to combine institutional and community-based alternatives. Such an eventuality may occur when a condition of a postponed order is that the person attend a short-term in-patient treatment facility for alcoholism.

The role of the social worker in South Africa in the management of alcohol and drug dependents is unique in the world, in that according to Theron and Olivier (1976) it is the only country where it is statutorily defined. This role is not confined to Rehabilitation Court proceedings, but often begins with the circumstances that led to the Enquiry and can continue in the form of supervision or aftercare long after the Enquiry has been finalized. It is clear that social workers have the opportunity to significantly influence Rehabilitation Court orders, as well as having a demanding role to play in the treatment of substance-dependent persons

It is important to note that, in practice, the statutory social worker does not resort to the Rehabilitation Court with every case that is referred for treatment. There is a stage of treatment which is pre-statutory and which might see the resolution of the presenting problem. Should this stage of treatment fail,

statutory intervention can be considered.

When the South African situation regarding the relative use of the various treatment options is researched one discovers a philosophy which favours community-based treatment. This is vividly demonstrated by the following quote from the National Advisory Board of Rehabilitation Matters Report (1984):

"There will always be those who need treatment in an institution, but this should be the very last resort. Before a person is referred for treatment in an institution, his problem should already have been diagnosed at a very early stage by the community, and services in the community should have been placed at his disposal." (3)

This Board is a statutory body which functions in terms of the regulations of the aforementioned Act No. 41 of 1971. The above quote constitutes a clear policy directive concerning that community-based management efforts should precede institutionalization. The writer supports this approach in that this avoids the potential negative effects of institutions and enables the client to attempt to cope within his normal environment to which he would have had to adjust in any event after a period of institutionalization. Nevertheless, institutional treatment, and specifically rehabilitation centres, are well utilized, and in this regard the statistics insofar as White persons are concerned demon-

strate that an average of 6926 persons were treated in rehabilitation centres per annum over the years 1980 to 1983. The source of these statistics is the Department of Health and Welfare Annual Report of 1983 and the statistics refer to rehabilitation centres administered by private bodies as well as by the State. All rehabilitation centres are registered in terms of the Act No. 41 of 1971 as amended, or the Act 1 of 1971 as amended.

In order to form a basis to further evaluate the relative use of the community-based and institutional options in the Republic of South Africa, the writer consulted American literature sources. These demonstrate less of a concern with the frequency of use of the various options than a determination to utilize the correct option with each individualized case, as well as a great emphasis on placing institutionalization within a continuum of care. This continuum of care relates to minimizing the negative effects of the client's removal from the community, involving his family in the treatment program, and to undertaking diligent aftercare to facilitate the client and his family's adjustment after discharge. Such an approach is in accord with the writer's guidelines for maximizing institutional effectiveness developed in the thesis and reflected in official American publications e.g. the United States of America Department of Health and Human Services Report to

Congress on Alcohol and Health (1983). This approach has relevance in evaluating the use of rehabilitation centres in South Africa, as it appears that there are shortcomings in the continuum of care provided by rehabilitation centres in this country.

Thomas (1979) researched relapse amongst White alcoholics who had received in-patient treatment at South African rehabilitation centres, both private and State. She concluded that radical revision of the therapeutic programs offered was imperative or neither the relapse rate of patients nor the incidence of alcoholism would drop. Her recommendations include stating the need for active treatment of the patients and their families, as well as extensive aftercare. In the writer's clinical experience with persons discharged from rehabilitation centres, aftercare is not an intensive and extensive service and rarely have the patients' families been involved in an active treatment program. Whilst reasons such as high caseloads being managed by aftercare social workers and the geographic isolation of rehabilitation centres from the patients' families are practical reasons for these shortcomings, they nevertheless detract from the desirability of rehabilitation centre treatment. The community-based alternatives, or the utilization of short term in-patient facilities within or nearby the client's place of work and family appears to be

the treatment step to utilize prior to rehabilitation centre treatment being considered.

In conclusion of this discussion of the substance dependent and the statutory social worker, the writer wishes to highlight that this is the one area of social work where clients are most often compelled against their will to undergo treatment. This may be due to the nature of the phenomenon itself, which, according to Glatt (1972) often involves a denial of the problem. The statutory social worker must realize his professional responsibility to recommend well researched and motivated treatment alternatives which are discussed with the client and his family prior to his appearance in a Rehabilitation Court. Only such an approach can contribute to the justification of neglecting the client's right to self-determination.

PSYCHIATRY AND THE STATUTORY SOCIAL WORKER

The third client group to be discussed in this chapter are those who are psychiatrically disturbed.

As with the other client groups discussed, both community-based and institutional treatment options are available in this field. The statutory provisions for in-patient care and an extensive community based service are contained within the Mental Health Act of 1973 as amended.

Admission to State psychiatric hospitals is governed by the provisions of the aforementioned Mental Health Act. According to Gillis (1980) the main aim of this Act is to have patients admitted voluntarily or by consent as far as possible. Nevertheless, enforced treatment can be arranged in terms of this Act and it is at this point that the statutory social worker could influence the presence of institutionalization by statute in a client's life.

Compulsory treatment is referred to as certification. Normally this is utilized in cases of severe disturbance where the patient cannot, or is resistant to, consenting to treatment. Certification procedures are often initiated by social workers, although the bulk of the evidence which is presented to the judicial officer authorizing the certification is of a medical nature compiled by a psychiatrist and/or district surgeon. This initiation of the certification procedures could arise, as examples, as a result of a sworn statement by a social worker to a magistrate, or by virtue of a social worker recommending to a court of law that a person appearing before it is mentally ill and would benefit from a period of assessment or treatment at a psychiatric hospital.

In South Africa there is a preference for the community-based treatment of psychiatric problems. According to

Gillis (1980):

"It is the policy of the Department of Health and most psychiatric organizations to treat patients in the community wherever possible, and to this end community services have been set up all over the country." (4)

Despite the above, large numbers of people are being treated in psychiatric hospitals as well as care and rehabilitation centres for the mentally retarded. During 1983, during which time the Department of Health served all population groups, the following statistics were reported in their annual report i.e. 21267 admissions for psychiatric patients and 498 admissions for the mentally retarded. Private hospitals, according to the same report, provided a total of 6681 beds over the same period. Other institutional facilities, licensed in terms of the Mental Health Act, treated another 1146 patients.

Certainly, many people are being treated within institutions despite the statistics revealing a high rate of discharge from institutions and an extensive outpatient service being well utilized.

The preference for community-based management such as exists in South Africa is in accord with world trends. De-institutionalization or the Community Mental Health Movement wherein the care and treatment of the mentally ill is moved

back into the community is being practised widely in the Western world, and particularly in America. Smith and Hobbs (1969) Backrach (1979) and Gudeman and Shore (1984) describe this movement, which is basically a search for functional alternatives to the mental hospital and an attempt to utilize the community's resources to the maximum in the prevention and treatment of mental illness. The writer's own literature research concerning the issue involved revealed that the current state of the debate concerning institutional and community-based treatment for the mentally ill has gone beyond a mere de-institutionalization preference.

The literature on the treatment of the mentally ill reveals concerns about how to improve the quality of institutional care as it is inevitable that some people will require this treatment, as well as how to avoid unnecessary institutionalization. The philosophy which is implied is reflected in the writings of Slovenko and Luby (1975) who state:

"Fundamentally, the need that must be faced is the establishment of programs to meet the needs of people whether they are in institutions or in the community." (5)

Such an approach appears sound to the writer. Improving institutional care, with special reference to

conducting intensive aftercare as was indicated by the Commission of Enquiry into the Mental Disorders Act of 1916 (1973) as well as developing the range and effectiveness of community-based alternatives so as to avoid unnecessary institutionalization, has rationale. McClamrock (1971) has demonstrated via research that involvement in an aftercare program results in quicker re-assimilation into the community, and the writers in the field of community mental health have listed the advantages of community-based care. According to Smith and Hobbs (1969), the motivation behind such care includes the following reasons:

"...so as to avoid the needless disruption of normal patterns of living, and the estrangement from these patterns, that often come from distant and prolonged hospitalization; to make the full range of help that the community has to offer readily available to the person in trouble; and to strengthen the resources of the community for the prevention of mental disorder." (6)

In light of this a model for intervention with the psychiatric patient can be proposed involving extensive community-based treatment efforts prior to institutional options near the patients significant others being utilized. In evaluating the suitability of specific institutional options the institutions ability to meet the patients specific needs, as well as to facilitate his readjustment in the community again, are factors to be considered.

Finally, it is important to note that although the client group is not primarily or exclusively a social work domain, the fact that psychiatric institutions are resources that are utilized in the execution of statutory social work tasks, demands an understanding by social workers of the impact that these institutions and resources are having on people.

OFFENDERS AND THE STATUTORY SOCIAL WORKER

The final client group to be discussed in this chapter are offenders, i.e. people who have been convicted in a competent court of law of behaviour punishable under the criminal law. Anti-social behaviour, in the broad definition of the term, is not a crime unless it is prohibited by law, argue Sutherland and Cressey (1969). Similarly, in this discussion the client group includes only those whose behaviour was legally forbidden and who were found guilty of such behaviour i.e. criminals.

The purposive elements of criminal law are expressed via the administration of criminal justice. This criminal justice administration refers to the activities of all involved parties from the time that an offence has been committed until a sentence has been served by an offender. The involved parties include the police, the courts, probation officers, prisons and private welfare agencies who

all have specific roles to fulfil. The activities involved include the investigation of a crime, tracing and arresting an offender, prosecution and trial, sentencing and the management of offenders according to the sentence.

Concerning the social work contribution to this administration of justice, which has as its goal the rehabilitation of offenders, there are three major bodies involved. These are the private welfare organizations - notably the South African Institute for Crime Prevention and Rehabilitation of Offenders who are commonly referred to as NICRO, the Prison Service and the State welfare departments. An agreement exists between these bodies which involves a delegation of tasks. The State Welfare Department, in the form of the State employed social worker, who is the only social worker termed a probation officer, assesses awaiting trial prisoners in order to decide whether his dependants require referral to an appropriate body for special services, undertakes management of social pathologies present in the family of the offender, undertakes management of social pathologies that may have caused the offence, makes a decision concerning whether a pre-sentence report should be presented to the court and whether legal aid should be considered. Once an offender has been sentenced the probation officer is statutorily involved in the administration of the sentence. Examples here include supervising an

offender's rehabilitation or his rendering of a community service order.

NICRO may be involved in the above probation officer responsibilities if so requested by the probation officer, but the pre-sentence report is the exclusive domain of the probation officer. It is this report which is the medium for the social worker to influence the presence of various sentence alternatives in an offender's life via a recommendation to a Court, and although there may be co-operation between NICRO and the probation officer in the administration of the sentence e.g. a community service order, it is the probation officer who is identified as the statutory social worker in the field of corrections. Basically, this pre-sentence report is mostly requested by the Court but the request itself can be recommended by the probation officer.

The internal social workers employed by the Prison Service treat the offender during imprisonment. According to Hove (1984) NICRO and the probation officer might assist in this regard, but NICRO alone deals with the prisoner following his discharge.

The administration of justice has recently been the subject of a Commission of Enquiry. During 1984 the Hoexter Commission reported on the structure and functioning of the

courts in South Africa and, inter alia, highlighted the following issues:

- (a) The South Africa's prison population is one of the largest in the world and that the prisons were overflowing; and
- (b) The need for the establishment of a special Family Court as the present fragmented system of adjudicating family matters in courts was inefficient. A separate court was recommended to deal with divorce and related issues, children, juvenile offenders and substance dependents. This court, it was recommended, would include a counselling component which would, for example, strive to make crises such as divorce less traumatic for those involved and see that social work ordered by the courts is carried out.

The recommendations of the Hoexter Commission, with reference to the Family Court, are to be put into practice in certain major centres on a trial basis in the short-term future.

In South Africa the central legislation involved in the administration of justice, and which outlines the options in terms of the Act which a probation officer giving expert

evidence in court can recommend as appropriate management of sentence forms, is the Criminal Procedure Act number 51 of 1977 as amended. The options include the following:

- converting criminal proceedings to either a Children's Court or Rehabilitation Court Enquiry
- imposing the death sentence
- sentencing to imprisonment
- sentencing to periodical imprisonment
- declaring a habitual criminal
- committing to any institution established by law such as a reformatory or a rehabilitation centre
- imposing fines
- ordering whippings
- placing under the supervision of a probation officer
- referring for observation in a psychiatric hospital

- suspending sentences, whether on certain conditions or not
- postponing sentences, whether on certain conditions or not; and
- issuing a caution or a reprimand

In view of this outlining of the various recommendable options available to the probation officer acting as an expert witness on the Court's request, it is evident that both institutional and community-based alternatives exist. According to Prins (1982), however, studies have almost without exception failed to demonstrate that one form of sentencing measure or type of management is more likely to be effective than any other. Whilst it can be argued that there are major methodological problems in the field, e.g. how does one randomly assign sentences to offenders and justify this ethically, the fact remains that the knowledge base is undeveloped. This means that to some extent the choice of a particular management option with a particular offender will be a process infused with subjective elements. Fox (1982) identifies value position as one element involved in this process.

In South Africa the overriding considerations for the

statutory social worker to consider are the need to reduce the size of the prison population, and the need to develop community-based alternatives to imprisonment. This is clear when the Viljoen Commission (1976), Slabbert (1980), Küpper-Wedepohl (1980), Van Der Merwe (1984) and the Hoexter Commission (1984) - all South African sources - are consulted.

The Viljoen Commission warned in 1976 that the tendency of sentencing officers at the time to over-utilize imprisonment would cement an overpopulation of prisons and thus unrehabilitated offenders on discharge. This Commission queried whether prisons were the appropriate place for the rehabilitation of offenders and was of the opinion that offenders should not be imprisoned for the primary goal of rehabilitation. Slabbert (1980) and Küpper-Wedepohl (1980) both also question the effectiveness of institutionalization in rehabilitating offenders. They point to the need for being selective who qualifies for imprisonment and also to develop community-based alternatives for those who will probably benefit from such services. According to Küpper-Wedepohl:

"...the offender can only be taught to adapt to reality and the problems he will have to face in it by remaining within that reality and being assisted in evolving more adequate, pro-social coping mechanism to deal with its challenges." (7)

Alternatives such as rendering a service to the community as a condition of a suspended jail sentence or submitting oneself to the supervision of a probation officer serve as examples of these writers' suggestions. Van Der Merwe (1984), for instance, stresses probation as an example par excellence of statutory social work's contribution to the reduction of South Africa's alarmingly high and relatively young prison population.

If prisons are overcrowded, as was confirmed by the Hoexter Commission of 1984, their rehabilitative effect is questionable, and community-based alternatives exist, then it follows that it is logical for the statutory social worker to concentrate on exploiting the community-based alternatives. This is true despite the absence of a pure scientific research basis for decision making in view of the pragmatic situation in South Africa. According to Krugel (1984) there is a movement in this direction by the sentencing officers in the country; and this is in accord with world wide trends in this regard. King and Morgan (1980) discuss that this is the case within the British Justice system. These writers also introduce another aspect, and that is the normalization of prisons and reform of prisons.

It is the writer's opinion that humane containment should be a feature of imprisonment. To achieve this the

minimum use of constraint consistent with security, as well as every effort to ensure that the imprisonment does not alienate the inmate from his significant others appear to be sound guidelines. The basic point is that imprisonment must have as its goal the offender's readjustment into the community in a law abiding, satisfying manner. Nel (1984), a social worker within the prison system, supports this approach. His view is that at present prison does not always lend itself to rehabilitative attempts and he holds up effective aftercare services as the means of facilitating the offenders reintegration into the community.

In conclusion of this discussion of the statutory social worker and offenders, the magnitude of the service merits amplification. According to the Department of Health and Welfare Annual Report of 1984, the statistics concerning White offenders demonstrate that 2664 pre-sentence reports were submitted to the courts and an average of .842 offenders per month were under the supervision of probation officers. Certainly, a large number of offenders are susceptible to being institutionalized by statute as a result of the statutory social workers' influence. This is underlined by the fact that supervision services by a social worker, or a period of statutory treatment by a probation officer, which are community-based alternatives, could involve the offender being required to attend an institution such as a short-term

facility for the treatment of alcoholism.

CONCLUSION

Statutory social work has various responsibilities at this point of its development in South Africa. The first relates to developing a scientifically researched knowledge base for practice so as to minimize the subjective elements in decision making. The second relates to the need to develop the community-based alternatives to institutionalization for the major client groups. The third relates to promoting institutional reform so that institutions perform in manners that promote the healthy reintegration of clients back into their usual families and communities. This institutional reform will negate potential antisocial outcomes on the client's psycho-social functioning when an institutional option is indicated, albeit of a short term or long term nature.

Institutional reform in the field of statutory social work would be best served, in the writer's view, by conceiving of institutionalization in the context of a care continuum. According to Kahn and Kamerman (1980) some of the care continuum elements that form part of the sound use of institutions include preparation for placement, ongoing supportive work with the family, preparation for return, and

aftercare counselling. These care continuum elements are termed process elements by the writer in the chapter on institutionalization as a contributing factor in antisocial behaviour, which follows this chapter. These are essential in negating the potential negative outcomes of institutionalization.

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C H A P T E R T H R E E

INSTITUTIONALIZATION AS A CONTRIBUTING FACTOR IN ANTISOCIAL BEHAVIOUR

INTRODUCTION

For the purpose of this study an institution simply means any short or long-term provision of an organized kind on a residential basis with the expressed aims of "care", "treatment", or "custody". This broad definition is adapted from Jones and Fowles (1984).

Jones and Fowles' comment on the differential use of the term "institution", which differential use generates a certain amount of confusion. For instance, sociologists use the term to refer to a generalized social response to a human situation, e.g. marriage, the family and religion. The clergy use the term to describe the ritual act of placing a clergyman in his seat in church as a symbol of his responsibility for the care of souls. Social policy analysts use it to refer to residential establishments, particularly large establishments, which cater for large amounts of people for lengthy periods. Clearly, a definition of institutions is imperative in a study of this

nature, to avoid confusion.

The definition developed for this study had to address the non-community based alternatives, whether short - or long - term arrangements of varying degrees of bureaucratic organization and in terms of the South African legislation outlining the management of the major client groups in statutory social work practice i.e. children, substance dependants, offenders, and the mentally ill. This management may be for the purpose of care, treatment or custody or for a combination of these purposes. Further, the definition had to permit a comparison of the aforementioned management options, with the literature on institutions. The definition developed, which is adapted from Jones and Fowles definition does fulfil all these requirements, albeit in a qualified manner where a person is detained in a court cell, which is not always a residential provision.

Antisocial behaviour is not necessarily perceived within a legal framework, i.e. as human behaviour punishable under the criminal law, but rather includes the broad sociological sense in which all conduct that is detrimental to or in conflict with the interests of society or the existing social order, customs or moral codes is taken into account. This description of antisocial behaviour appears

in the Bilingual Defining Social Work Dictionary compiled by the Terminology Committee for Social Work of the Department of Health and Welfare (1984). This means that behaviour as dissimilar as truanting, drunkenness and rape are considered antisocial.

As Rip (1978) has argued, antisocial behaviour refers to an abnormality or deviation from normal. The measure of normal is specified in values or norms which prescribe expected behaviour from the members of society. These values and norms differ between societies, and within societies. Further, the expected behaviour at any one point in time need not be the expected behaviour at another time. Clearly, a broad and relative definition has been accepted by the writer for the study, such definition being in accord with sociological theorists such as Becker (1973).

Institutionalization is a common experience for social workers' clients; and the social worker operating within a statutory social work setting is in an influential position with regard to this experience in a client's life. The preceding chapter on statutory social work in the Republic of South Africa illustrated this.

Various researchers and authors, to be discussed in this chapter, have criticized the value of institutions and

have highlighted the negative effects thereof. The validity of the concerns about institutions are central to social work decision making in statutory social work settings, and an understanding of the issues involved can contribute to a reduction of the potential subjective elements, as a result of the social workers own bias, in this decision making.

The concerns about institutions have generated, in Britain and the United States of America, a trend towards developing alternatives which are community-based. The Community Mental Health Movement, the search for alternatives for children and the attempts to develop community-based sentences for offenders illustrate this trend. However, a close examination of the effects of institutions reveals that it is not a simplistic field. Any study of the subject must recognize, for example, that elements or attributes of the institution and the institutionalized, are intervening variables on overall outcome on psycho-social functioning. For instance the programs and quality of care provided, differ, and the institutionalised person introduces a personal and family history as well as coping capacities which are unique. Not only institutionalization, but also factors co-existing with and following institutionalization influence the effect of institutional care. An example hereof would be that a dysfunctional family influence may disrupt a child's adjustment in an institution,

or encourage a regression following discharge.

These factors must therefore be considered as possible contributors to antisocial behaviour during the examination of institutionalization.

Not only is the study of institutions not a simplistic exercise, given the complexity of factors operating on psycho-social functioning, but it is further complicated by the fact that institutions are necessary for some. Here one could include those persons who pose a serious threat to society, or those who are mentally ill and require shelter, or the physically ill who constantly require intensive and sophisticated treatment. The approach of this chapter is most appropriate if it addresses questions such as whether there should be a reduced use of institutions for special client groups only; whether it is possible to improve institutions, and whether institutions have the potential to be positive in their effects on individuals' psycho-social functioning. To develop an argument in favour of the abolishment of institutions would be a purely academic exercise without pragmatic value and would be inconsistent with the reality of the plethora of institutions which exist, which are necessary and will continue to exist for the foreseeable future.

The study of institutions is further grossly complicated by the chaos of contradicting viewpoints and the undeveloped knowledge base reflected in the literature concerning institutions. According to Blackman, (in Kern, 1962):

"Existentialists are commonly ridiculed for dramatizing the ordinary. Sensible people accept the contingency of the world and get on with the job of living in it. Existentialists moan in anguish to find themselves gratuitous and derelict in a possibly impossible world, shelterless orphans deprived of the mother comfort of reason and necessity." (1)

Encountering the literature on institutions engenders a similar crisis as the existentialist experiences in confronting being. The responsibility rests on the writer to create order amidst the chaos of contradicting viewpoints and the undeveloped knowledge base. This has been attempted by the writer, and this consolidation is represented in the following statement, i.e. that institutions can be a contributing factor in antisocial behaviour, but that this contribution is not a deductive or fundamentalist matter and must not be taken to mean that institutions cannot have positive effects or cannot be significantly improved. Each of the elements in this statement will be discussed in this chapter and the discussions form the basis of the development of a model or guidelines by the writer, based on the literature and previous research, to understand and predict

the effects of institutionalization on psycho-social functioning.

The model development by the writer, refers to the process of institutionalization i.e. from prior to admission, to following discharge, and posits guidelines which can be followed during this process. If these process guidelines are deviated from, the negative and unwanted effects of institutionalization can emerge, as opposed to the positive potential of institutions being realized if they are adhered to.

FACTORS IN INSTITUTIONALIZATION WHICH CONTRIBUTE TO ANTISOCIAL BEHAVIOUR

As discussed in the introduction, the writer has consolidated the mass of literature into a statement form. The various elements of this statement will be discussed prior to the presentation of the model for understanding and predicting the effects of institutions.

The first element in the statement asserts that institutionalization can contribute to antisocial behaviour. In this section of the chapter this assertion will be substantiated from the literature.

In searching for a succinct manner in which to express the major ways in which institutionalization contributes to antisocial behaviour the writer is indebted to Küpper-Wedepohl (1980), whose work highlights the following areas:

- (a) That adaptation to the institution is not necessarily a preparation for life as the inmate will have to face it on release;
- (b) That institutions interfere with "normal" human development and functioning;
- (c) That institutions become ends in themselves and neglect the overt reason for their existence, thereby often being incompatible with the latter;
- (d) That experiences during a stay at an institution - including issues such as being assaulted and exposed to depersonalizing routine - can create or exacerbate personal pathology or discomfort in an inmate. This can result in the inmate being less able to function socially acceptably in the community on release than at admission.

These ways in which institutionalization can contribute or be an influencing factor in antisocial behaviour, will

now be individually discussed.

The first area, that is that adaptation to the institution is not necessarily a preparation for life as the inmate will have to face it on release, indicates a measure of alienation from the extra-institutional world, as well as training in adaptation to an institutional system which is in some way in discord with the community at large. This alienation or adjustment to an artificial, institutional environment implies an inability to cope in the community - or at least some deficit in this regard - and in the broad sense of the word this constitutes antisocial behaviour. The work of Jones and Fowles (1984), Küpper Wedepohl (1980), Thorpe (1980) and Rutter and Giller (1983) illustrates this tendency of institutionalization to be a contributing factor in antisocial behaviour.

Jones and Fowles (1984) have analyzed the literature on long-term care and custody. They conclude that there is a basic theme in the literature i.e. loss of liberty, social stigma, loss of autonomy, depersonalization and low material standards. They point out, however, that despite adequate material standards, the effect of the other themes would still be damaging in a long-term institution. For instance, the implications which loss of autonomy due to adaptation to the institution has for functioning after discharge are

obvious and negative.

The reconviction of a person following a period spent in a correctional institution such as a reformatory or a prison, underlines the fact that preparation for life outside the institution is not necessarily a part of adaptation to the institution.

With regard to this recidivism factor, Küpper-Wedepohl (1980) argues that the effectiveness of institutionalization in achieving the aim of rehabilitating young offenders is questioned, inter alia, because statistics from many countries reveal a high rate of recidivism. Thorpe (1980) and Rutter and Giller (1983) support this view. In discussing the varieties of institutional care available for British juvenile delinquents, Rutter and Giller illustrate that success rates following institutional treatment or care have been generally poor as assessed by re-conviction rates. These reconviction rates and the implied readjustment problems following institutionalization do not apply only to younger offenders but also to the adult inmate. In fact, with regard to adults, Walker (1983) ascertained on surveying literature and research that reconviction rates increase with length or frequency of custody.

From the above it can be deduced that adaptation to an

institution is not necessarily a preparation for life, and that this can involve antisocial adjustments resulting on discharge.

The second area in which institutionalization can contribute to or influence antisocial behaviour relates to the fact that institutions interfere with so-called normal human development and functioning. This area is thoroughly supported in the literature and occurs at various levels. The writings of Walker (1983), Sykes (1958), Bowlby (1965, 1971, 1975), Goldfarb (1943a, 1943b), Rutter (1977), Goffman (1968), Jones and Fowles (1984) and Slabbert (1980) support this contention. The implication is that the disruption of normal human development and functioning engenders a possible deviation or retardation in the inmate's functioning, which renders him antisocial particularly on discharge.

Walker (1983) has outlined potential areas of unintended harm from the effects of incarceration, which would include: harm to mental health, problems which generate psychological stress e.g. missing somebody, feeling that one's life is being wasted, sexual frustration, missing luxuries and social life, and the negative outcome on marriages and families of offenders. Perhaps Sykes (1958) sums up Walker's writings in his argument that most prisoners find prison depressing and frustrating.

Slabbert (1980) has identified a cycle of institutionalization amongst a surveyed group of Black offenders in the Republic of South Africa. Children, subject to faulty socialization, enter institutional care and progress to institutions where control is an increasing element. As adults they provide their offspring with exposure to faulty socialization as they are absent and their own development has been affected by institutionalization. Thus their offspring have an increased risk of institutionalization. The disruptive role of institutions on normal human development and functioning is well illustrated by this researcher and includes both children and adults in its scope. The writer wishes to separate children and adults in this discussion, to illustrate the profound developmental effects that institutions can have on children and the profound disturbance of human functioning they can cause with adults.

Various researchers have demonstrated the lasting effects of institutions on children. The work of Bowlby (1965, 1971, 1975) includes that a deprived child's ability to form relationships other than superficial ones, is impaired; that such a child will show inaccessibility in allowing others to relate to him, and that his social relationships will be characterized by deceit and stealing. The implications, should such symptoms persist throughout adult life, are clear for residential institutions for

children. In a series of studies of adolescents who had spent the first three years of their lives in institutions, Goldfarb (1943a, 1943b) found learning deficits as well as difficulties in controlling impulses i.e. either over-controlled or aggressive. He also noted an absence of the exhibition of normal anxiety or guilt reactions to their aggressiveness. Goldfarb and Bowlbys' work is compatible with several studies of children in children's homes and other institutions which have shown a high rate of psychiatric problems, particularly conduct disorders. According to Rutter (1977), this is as true for children admitted for only a week or so as of those admitted for much longer periods.

There is a researched basis for the assertion that children raised in institutions tend to be more aggressive and have greater difficulties in interpersonal relations, including difficulties in behaving honestly. In other words, the institution interferes with normal human development and thus engenders antisocial behaviour.

Concerning adults and the effects that institutions have on their functioning, Goffman (1968) states that individuals living in total institutions suffer a number of assaults on their personality, including a loss of individual identity, endangering of their physical integrity,

lack of privacy, humiliation, and lack of authority. According to Jones and Fowles (1984), inmates subject to the regime of a total institution, react in various ways which include regression, depersonalization, opting out, intransigence and acceptance with deliberate attempts not to leave. Basically, institutions can interfere with normal human functioning in such a manner that antisocial behaviour is encouraged.

From the above it can be deduced that institutions can contribute to or be an influencing factor in antisocial behaviour in that they interfere with so-called normal human development and functioning.

The third area in which institutionalization can contribute to or influence antisocial behaviour, relates to the tendency of institutions to become ends in themselves. Hereby they neglect the overt reason for their existence, thereby becoming incompatible with the latter. In the process, they then engender antisocial behaviour.

Writers such as Jones (1968) have described the depersonalization, lack of stimulating environment and role dispossession involved in institutional care as social poverty. Others, namely Szasz (1963) and Kittrie (1971), can be interpreted as vociferous opponents of the invol-

untary subjection of people to treatment in institutions when the covert reason is social control. This area is best illustrated by the work of Barton (1959) in his description of a phenomenon he termed 'institutional neurosis'. This neurosis occurs when the original purposes of an institution are ignored, displaced by or become subordinate to increasing preoccupation with rituals or symbols of administration of wealth of that institution.

Barton's thesis, developed in the context of a mental hospital, is that a patient comes to a hospital with an illness and the hospital provides him with another. He outlined a list of functions in treatment which contribute towards institutional neurosis. These include: loss of contact with the outside world e.g. due to difficulty in obtaining leave or poor facilities for visitors, enforced idleness, e.g. due to ward routines, browbeating by staff, and the use of drugs to make patients more apathetic and manageable. The clinical features of institutional neurosis are apathy, lack of initiative, loss of interest in the outside world, submissiveness and resignation. These antisocial outcomes are linked to the institution's impact.

The above demonstrates that institutions can contribute to, or be an influencing factor in antisocial behaviour in that they tend to become ends in themselves and thus become

incompatible with their reason for existence.

The fourth, and final, way in which institutionalization can contribute to or influence antisocial behaviour, involves the possibility that experiences during institutionalization render a person less able to function acceptably in the community on release than at admission. These experiences can create or exacerbate personal pathology in an inmate.

The work of Walker (1983) serves as an introduction to the possible areas of unintended harm from the unwanted effects of institutionalization, and include areas such as damage to mental or physical health and prisons being schools for crime. It is widely believed that imprisonment impairs mental health and that physical health can be negatively influenced during institutionalization via malnutrition, unsanitary conditions, cold, heat, excessively hard labour, inhumane disciplinary measures, rape or assault and that prisoners acquire from each other ideas, techniques, and personal contacts which lead them into subsequent offences.

This last point, concerning prisons being schools for crime, and the potential of inmates to be assimilated into an inmate counterculture, has definite implications for the

generation of antisocial behaviour in institutions. Labeling theorists have traditionally viewed prisons in particular, as the breeding ground of criminals. The effects of imprisonment on identity formation are seen as counter-productive to the aims of the institution and to the rehabilitation of offenders. According to Erikson (1964)

"...such institutions gather marginal people into tightly segregated groups, give them an opportunity to teach one another the skills and attitudes of a deviant career, and often provoke them into employing these skills by reinforcing their sense of alienation from the rest of society." (2)

Erikson suggests that the court's verdict was not only that the offender should be institutionalized, but that he should be ascribed a negative identity which has a self-fulfilling impetus after discharge. Research by Zingraff (1975) supports this suggestion in that he concluded that the degree of assimilation into the inmate contraculture is related to self attitudes which are not conducive to effective resocialization. This assimilation into the deviant groups is probably due to an attempt to avoid stigmatizing interaction with 'normals', according to Leger (1981). That it is a self-fulfilling prophesy after discharge is not the only consequence, as argued by Erikson, but also that social reinforcers occurring in institutions i.e. the social living system itself tends to encourage delinquent responses and punish socially conforming responses. Buehler et al (1966)

report on studies of social reinforcers occurring among inmates and staff in institutions for delinquent children concludes exactly this.

Thus the subcultures in an institution can provide the milieu for increasing an inmate's existent personal pathology, and these acquired negative aspects can persevere as antisocial behaviour after the period of institutionalization has ended.

The negative outcomes of damage to physical health are considered self-explanatory. The damage to mental health introduced by Walker (1983), requires amplification. Writers such as Townsend (1962) have illustrated the gradual process of depersonalization that can result from an institutional system such as he identified in old age homes in Britain and which include elements such as an orderly routine, a lack of creative occupation and inmates not being allowed to exercise much self determination. Such an institutional system must have been observed by Muller and Gwynne (1972), who describe institutional care as the interval between social and physical death. The implication is clear, that is, personal pathology can be created as a result of institutionalization.

Not all the literature points to a debilitating deper-

sonalization. Cohen and Taylor (1972), for instance, have outlined an aggressive fighting back syndrome. These authors argue that imprisonment is analogous to other crises e.g. a bereavement, but whilst people in the outside world can compensate relatively easily, the prisoner does not have access to such a wide range of relief. His family life, his working life and his social life have been removed from him. In this situation where the prisoner has to find a means of preserving his own identity he fights back. This could take the form of escaping, direct confrontation with the authorities or self protection manoeuvres. These self protecting moves could involve rejecting the labelling of themselves as deviant and simultaneously the denigration of prison staff. Rehabilitative efforts made whilst prisoners are fighting back are undermined. As Jones and Fowles (1984) state:

"...society has a right to contain the violent and persistent offender to prevent him from doing further harm; but if it is to retain any legitimate moral sanction, it must find ways of doing so without destroying him from within." (3)

Jones and Fowles state the ideal. Nevertheless, it appears that there is something in the character of a secure institution which impedes the process of rehabilitation, and thus contributes to antisocial behaviour within the institution and after release.

The fourth and final manner in which institutionalization contributes to antisocial behaviour is, as discussed above, via experiences during institutionalization creating or exacerbating personal pathology in an inmate. The result is that the inmate is more disturbed on release than on admission.

The major ways in which institutionalization can contribute to antisocial behaviour have now been covered. As discussed in the introduction, the writer has consolidated the mass of literature on the subject of institutions, into the form of a statement. The statement is repeated for the reader's benefit, i.e. Institutions can be a contributing factor in antisocial behaviour, but that this contribution is not a simplistic affair and must not be taken to mean that institutions cannot have positive effects or cannot be significantly improved. The first element of the statement has now been discussed i.e. that institutions can be a contributing factor in antisocial behaviour. That this is not a simplistic affair and must not be taken to mean that institutions cannot have positive effects will be dealt with next. In essence this involves a critique on the criticisms of institutions.

A CRITIQUE OF THE CRITICISMS OF INSTITUTIONS

As Oscar Wilde (1891) wrote in his book 'The Importance of Being Ernest' concerning the fact that the truth is rarely pure and never simple, so the study of institutions and ascertaining the truth concerning them is no simple matter. Certainly the criticisms of institutions do not stand unchallenged. Following a literature and research survey, the writer identified a countermovement to those who describe the implications of institutionalization in predominantly negative and cautionary terms. This counter-movement can be summarized into six statements which will be discussed individually and which will collectively highlight the fact that the outcome of institutionalization on inmate psycho-social functioning is a complex field of study, and that institutions have a positive potential.

The first countermovement statement is that criticisms of institutions are simplistic and overlook the complexity of the issues involved. The writings of Bowlby (1965, 1971 and 1975) and Rutter (1972 and 1977) support this statement.

Bowlby's original ideas have been challenged, even by himself. This has led to a refinement of the definition of deprivation and its effects. Rutter (1972) has collated the evidence from studies in the field and has concluded that, even though it is true that poor early-life experiences have

serious short- and long-term effects on the child concerned, the centrality of the role of the natural mother is qualified. He drew attention to intervening variables in outcome, e.g. the quality of substitute care and the quality of the relationship with the mother figure prior to separation. These intervening variables imply the following two things concerning interpreting the effects of institutional care, i.e. that adverse relationship experiences prior to institutionalization must be taken into account and that the effects of residential care largely depend on the quality of care which a person receives in an institution.

In summary, Rutter's work suggests that the contention which arises that institutional care, per se, is the major contributor to various negative psycho-social effects cannot summarily be separated from other factors operating before, during, and after institutional care. The role of post institutional factors is implied in his statement that:

"Children admitted into care frequently come from and return into homes with considerable difficulties in family relationships and psychosocial disadvantages." (4)

Further, he has isolated the quality of substitute care as a central factor involved in the effect of an institution on a person in psycho-social functioning terms. This last factor suggests that if the quality of substitute care is

appropriate, then an institution has a positive potential.

In short, the work of Bowlby and Rutter demonstrates that the study of institutions is not one which can be simplified to the level of a univariate, negativistic factor.

The second countermovement statement has already been introduced, and concerns the the attributes of the institution and the institutionalized, as well as other factors which precede, coexist with and follow a period of institutionalization are variables which are involved in the outcome of institutionalization. This statement has a strong literature base as illustrated by the work of Fischer and Bersani (1979), Zingraff (1975), Miller and Dinitz (1973), Gibbens (1984), Morris and Morris (1963) and Walton (1980).

Factors preceding institutionalization which influence an institution's effect are highlighted by Fischer and Bersani (1979) who studied self esteem and institutionalized delinquent offenders. They concluded that the impact of the correctional process on self-esteem may be far less important than the impact of the myriad relationships established previously with people and institutions.

Factors which are influential, and which operate during

institutionalization, are highlighted by Zingraff (1975) and Morris and Morris (1963). Zingraff cites literature in his study of the socialization process in prisons, i.e. prisonization, to show that the degree of prisonization is affected by factors such as: length of time incarcerated, interpersonal ties with other inmates, postrelease expectations of the inmate, degree of alienation from the larger society, degree of alienation from the institution, self-concept of the inmate and organizational variations. Here the emphasis is on individualistic responses by a unique individual to a unique institution. The Morris's also consider that the effects of a prison on an individual vary enormously from person to person. For instance, deprivation of liberty is meaningful only to the extent that a man is emotionally involved in the outside world. Equal institutions may thus have different outcomes on different individuals.

The importance of post-release factors in the outcome of institutional care are demonstrated by Miller and Dinitz (1973). In their study of 443 releases from a maximum security juvenile institution, they indicated that the attempt to assess and utilize institutional impact as a predictor of success of placement was unsuccessful because post-release factors interfered with any positive or negative effect the institution might have had. Gibbens (1984)

has isolated factors, such as marriage, as a cause of post discharge social stability. Post-institutional factors are definitely important in mediating institutional impact.

In summary, Waltons (1980) statement that residential care often appears to fail because of inadequacies at admission and discharge appears sound in view of the above. Unless sufficient attention is given to the areas of pre-admission work, the overall structure and climate of the home, and the securing of a favourable environment after discharge, it is likely that the effects of different treatment methods within an institution will be distorted. This could account for similar reconviction rates in the years immediately following discharge, from institutions run on different lines, for juvenile delinquents.

In summary, factors which precede, co-exist with, and follow a period of institutional care, as well as attributes of the institution and the institutionalized, influence the outcome of institutions on people.

The third countermovement statement involves the fact that research has not addressed the issue of whether negative effects are lasting or permanent. According to Walker (1983) the assumption that the detrimental effects of imprisonment are lasting is not supported by evidence and

remains a completely unexplored area.

The fourth, fifth and sixth statement which make up the remainder of the statements which comprise the counter-movement viewpoint are as follows:

- institutions are necessary for some client groups
- authors and researchers have, by and large, not addressed the issue of how to improve institutional care
- institutions have the ability to be positive in impact, for instance if the quality of substitute care is appropriate.

All these concerns are addressed by Walton and Elliot (1980), and are self-explanatory. Their point of view can be summarized as follows:

- the work of Goffman gives insufficient weight to the varying functions which institutions fulfil and fails to recognise that asylum could be a valid function
- that the central forms of research on residential care have been on the detrimental effects of deprivation and institutionalization, but that little has been done on

how to improve institutional care

- there are some clients who require 24 hour care, asylum or residential care; and
- that institutional care has a positive potential: for instance, it can be used as a positive step to provide for the intensive learning of specialized skills. Besides an educational function, the residential settings provide opportunity for helping with emotional and social difficulties.

It is argued by the countermovement that institutions are necessary and can be beneficial, particularly if institutional reform occurs.

The foregoing six statements reflect the countermovement to literature which describes the implications of institutionalization in predominantly negativistic and cautionary terms, and collectively highlight that the outcome of institutionalization on inmate psycho-social functioning is a complex field of study and that institutions have a positive potential. If institutions have a positive potential, then it follows that they can be improved. This is the third element in the written summarized statement of the literature on institutions developed by the

writer in the introduction.

As implied in the introduction to this chapter, to develop an argument in favour of the abolishment of institutions would be a purely academic exercise without pragmatic usefulness, and be inconsistent with the reality of the plethora of institutions which exist, are necessary, and will continue to exist for the foreseeable future. The implication inherent in Rutter's (1972 and 1977) and Walton and Elliot's (1980) work that institutional care has a positive potential appears to be the area that this study must address. That is, how to improve institutional care.

This has been done by the writer via a literature and research survey and this study confirms that institutionalization has a positive potential if the process thereof gives attention to specific issues. These issues constitute the areas that institutional reform should concentrate upon in that they directly address the manner in which institutions contribute to antisocial behaviour. These guidelines will be discussed below.

INSTITUTIONAL REFORM

A study of the literature on institutions supports the view that if attention is given to certain issues in the process

of institutionalization, then the positive effects of institutions can be encouraged. In their absence, the negative effects of institutionalization can emerge. These process issues pinpoint how institutions can be improved and collectively provide a model for predicting the effects of institutional care on people. This model, or guidelines for the process of institutionalization, was developed by the writer following a survey of the literature and research.

Nine process elements are identified. The term process is utilized because the issues fall on the successive continuum from preadmission to aftercare. The elements are the following:

Firstly, preparing and gaining the cooperation of the inmate and his family for admission is an action which can have a favourable outcome. According to Wilgosh (1973) who investigated the effectiveness of group home placements for juvenile delinquents, where parents' attitudes were positive and supportive the outcome was generally positive. Further, theorists such as Meyer (1969) have long been advising the value of pre-placement planning, and the writer's clinical practice as a social worker in a statutory setting has confirmed the value of this process issue. Where the institutionalized person and his family are resistant to the institutionalisation, the benefits of the

treatment are normally minimal.

Secondly, inmates must actively be treated during their stay at an institution. This appears to be a statement of the obvious, but according to the writer's experience of institutions and the institutionalized it is not always in operation. The importance of active treatment is demonstrated by Ollendick and Hersen (1979) who matched two groups of incarcerated juvenile delinquents, then assigned them to either a social skills, discussion or control group. Results indicate that those in the social skills group improved significantly more than the discussion or control groups, which did not differ. Thus, at a programmatic level, active treatment has rationale.

Thirdly, the treatment in the institution should prepare the inmate for life outside the institution. Becoming isolated or dissonant from the community within which readjustment must occur is counterproductive. Wierig and Robertson (1972) in a follow up study of inmates of an in-patient rehabilitation centre, for example, produced results which indicated a relationship between social isolation in the institution and poorer living adjustment after discharge. It is important that in the design of the institution's treatment incentives are provided which are directed towards the needs of inmates as members of society,

rather than to the convenience of the institution.

Fourthly, the rules and regulations of the institution must not take precedence over treatment programs. That this can happen is demonstrated by Thorne and Forgays (1973) who described the security arrangements at an American mental hospital. They noted that security arrangements were hampering the rehabilitation programs and recommended that the latter programs be balanced to prevent security take-overs.

Fifthly, the staff of the institution must cooperate in achieving therapeutic goals. Rehn (1976), for instance, discusses the importance of the staff in prisons cooperating in achieving therapeutic goals.

Sixthly, the treatment program of the institution must involve the significant others of the inmate. Such involvement is closely related to successful treatment, is associated with positive post-release adjustment and contributes to a reduction in recidivism after correctional institutional management. The research done by Maskin (1976), Oxley (1977), Weisfield and Laser (1977) and Smith et al (1979) all confirm the value of the involvement of the inmates significant others in treatment.

Seventhly, the inter-mate forces operative within an institution must be accounted for in the treatment program. The research report of Buehler et al, (1966) wherein it is stated that the social reinforcers occurring among inmates strengthens delinquent responses, shows this process element to be vital.

Eighthly, pre-release planning must receive attention. In discussing various types of pre-release programs, Tanz et al (1972) emphasizes that the pre-release experience of an inmate may well be crucial to his successful readjustment. Institutionalization must not just end. The end must be a conscious, predicted stage wherein the future is planned, or the inmate will potentially be disoriented on discharge.

Finally, aftercare must occur. This is a most vital issue and in the writer's experience the process element that most often disrupts any progress made during institutionalization. According to Jonckheere et al (1973), whilst appreciable gains may be made during institutional care, these can only be maintained if proper follow-up care is provided. Their description of an intensive residential treatment facility for young psychiatric patients confirmed this.

The foregoing nine process elements have been developed

and accepted by the writer as a model of understanding and predicting the effects of institutionalization. Where these guidelines are deviated from, the antisocial, negative and unwanted effects of institutions on psycho-social functioning might emerge. When they are followed, the positive potential of institutions can be realized. As such, they form the writer's guidelines for institutional reform.

CONCLUSION

At this point the three elements in the writer's statement summarizing the literature on institutions, i.e. that institutions can be contributing factors in antisocial behaviour, but that this contribution is not a simplistic affair and must not be taken to mean that institutions cannot have positive effects or cannot be significantly improved, have been discussed.

The implications for statutory social work practice that this summary statement engenders includes that the choice of an institution, when institutionalization is appropriate, should be guided by the presence of the process elements, or guidelines, referred to in the discussion on institutional reform. The criticisms of institutions are valid insofar as they demonstrate the ability of

institutions to generate antisocial behaviour.

The positive potential of a period of institutionalization can only be realized if it is amenable to the inclusion of the necessary process elements. Without these, institutional abuse can arise. Further, insofar as the statutory social worker is the administrator of the various process elements, or guidelines, for instance aftercare, this administration must be construed as a vitally important social work task to be undertaken with diligence.

Whereas the study of institutions is complicated by the chaos of contradicting viewpoints and an undeveloped knowledge base, the writer has consolidated the literature into a utilizable framework which allows for understanding of the factors during institutionalization which can contribute to antisocial behaviour, and provides guidelines for avoiding these outcomes.

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CHAPTER FOUR

RELEVANCE OF THE DEBATE CONCERNING THE EFFECTS OF INSTITUTIONS FOR STATUTORY SOCIAL WORK PRACTICE IN THE REPUBLIC OF SOUTH AFRICA

INTRODUCTION

Exploration of the literature concerning institutionalization as a contributing factor to antisocial behaviour has highlighted certain major and interrelated issues.

The first issue is that there exists a need for research. The guidelines presented by the writer for understanding the effects of institutions, for example, requires validation amongst various groups in the community. Further, the outcomes and usefulness of alternatives to institutionalization such as community-based treatments need to be fully understood and compared with those of institutions. At present, the stage of development of knowledge in this area is reflected by Küpper-Wedepohl (1980):

"Evidence is still in the process of being gathered, and workers are learning from their mistakes and revising programs; however, preliminary investigations have yielded indications of relative success; even if it has not been proved conclusively that community-based corrections are significantly better, findings have indicated that

they are at least not worse, and certainly less expensive and more humane than traditional penal institutions." (1)

Conclusiveness and clarity are absent in the argument concerning the relative merits of institutional versus community-based management options for statutory social work client groups. The practitioner thus compensates for this via a philosophical bias, or world view, which favours the preferential use of one or the other set of options. The writer believes that this equals an unacceptable approach in respect of influencing human destinies. Research is of paramount importance with a view to conclusiveness and clarity and the resultant scientifically based practice. Whereas community-based management options have been present in South African legislation for many years their preference to institutional alternatives is not strongly based on scientifically researched and supported arguments. In the interim, in the writer's view, practitioners should act in what they do know, and in this regard the literature survey has hopefully served to clarify the issues concerned. This constitutes the second major relevant issue raised i.e. the validity of acting on current knowledge.

Statutory social work legislation involves options which are based on a continuum of community and institution care. What is known about the effectiveness and effects of

the various options implies that as institutions can create or exacerbate antisocial behaviour and as that management in the community lends itself to certain advantages, the latter must be considered the treatments of choice. Secondly, when institutional forms of treatment are indicated, this must be conducted in a manner which maximizes its effectiveness and minimizes its potential to contribute to antisocial behaviour in the broad sense of the word. This is best achieved by viewing an institution as a means of promoting the client's functioning in the community after release, and thus taking the necessary actions during the process of institutionalization to facilitate this goal.

Within this above framework, where institutionalization is utilized in the management of a particular client, it is always done in conjunction with treatment efforts primarily orientated towards the needs of the client as a member of the community, for example via family therapy. The period of institutionalization is thus not an end in itself, but a means to an anticipated end. The guidelines developed by the writer in the chapter on institutionalization have such an orientation. The basic argument is that if inmates are managed in a certain manner which facilitates their reintegration into the community, then institutionalization becomes a valuable management method.

At present then, community-based management for some of the major client groups addressed in statutory social work requires development in scope and sophistication, and institutional reform is indicated. As was demonstrated in the chapter on statutory social work in South Africa vast numbers of White substance-dependants, offenders, children and psychiatric patients are institutionalized. If community-based treatments have to absorb a percentage of these clients as well as the preferential management option of new referrals, the scope and sophistication of the treatment will have to receive attention. This will, in turn, allow for institutions to fulfil more specialized functions and due to decreased numbers of inmates, give more individualized attention to ensuring that the institution impact is helpful in psychosocial functioning terms following discharge. As was discussed in the abovementioned chapter on statutory social work, such a movement towards community-based management can be discerned in South Africa; but the relevance of the debate concerning the effects of institutions suggests that the scope and utilization of these community-based services must be broadened as a matter of priority.

The writer wishes to draw the reader's attention to the fact that according to the Central Statistical services of South Africa (1982) the population of South Africa totalled

25 591 000 persons. Of this total 17 479 000 were Black; 4 603 000 were White; 2 671 000 were Coloured; and 838 000 Asians. When it is considered that there are merely 6 020 registered social workers in South Africa at present - according to the 1986 list of registrations provided by the Council for Social and Associated Workers - then the availability of social work personnel for improving both institutional and community-based treatment options with major social work client groups is clearly limited. This limitation extends to other professionals, for instance, there are only 965 clinical psychologists, 730 occupational therapists and 15 666 medical practitioners (including specialists such as psychiatrists) available according to the Central Statistical Services (1982). These statistics suggest major difficulties being latent in attempts to broaden the scope and utilization of community-based services and in attempts to reform institutions.

This chapter will discuss the development of community-based options, as well as institutional reform, with special reference to the major South African statutory social work client groups outlined in the study i.e. children, substance-dependants, psychiatric patients and offenders. The client groups will be dealt with in that order. Thereafter, the relevance that the debate concerning the various effects of institutions has for general guidelines for intervention in statutory social work practice will be dealt with.

RELEVANCE FOR CHILD WELFARE

Community-based options in Child Welfare operate at two levels. At the first level, efforts are directed at maintaining children in their own homes within their usual family unit. Fox and Whelley (1982) describe such efforts. At a second level, an alternative to the child's normal family unit is sought, usually as this unit does not provide a stable, secure or 'normal' environment for the child. As examples of the first level-counselling, psychotherapy and family therapy are illustrative; whereas the second level is best illustrated by the alternative of foster care. According to the Committee of Inquiry into Certain Aspects of Child Care (1982) of the children alleged to be in need of care who are placed in places of safety, only 29 percent are returned to their previous carers.. This suggests a preference for the second level once removal of a child from home has occurred.

In the writer's view counselling and psychotherapy are means which should be common to all institutional and community-based care options concerning the various levels that community-based treatment operates on. The writer would like to highlight that the approach towards maintaining natural family ties, or not, is one commonly influenced by the individual social worker's value position. Some would favour permanent alternative placement of children, whereas

others would see removal of a child from home purely as a means of restoring the family unit. The latter orientation described is by Brown and Swanson (1981) who see foster care as a temporary arrangement wherein the planning is, ideally, to return the child home. The proposed Child Care Act No. 74 of 1983 appears to allow for both orientations towards the removal of children from their own homes, and demonstrates the necessity of counselling and psychotherapy in the various management alternatives.

According to de Bruyn (1984), in her discussion of the Child Care Act No. 74 of 1983, foster care will lapse after two years or after shorter periods as determined by the Children's Court. Foster care will then automatically terminate unless Ministerial extension is obtained. Further, the consent of the parents for adoption of the child is not required after two years when the child has been placed in the care of a foster parent, children's home or school or industries. The implications are serious and demand intensive therapeutic attention for the biological parents, with a view to the child's possible return home within the two year period - or for the social worker to be in a position to make a well motivated recommendation concerning the child's future. Many children are involved. As at 31 December 1977 the Department of Social Welfare and

Pensions (1978) official statistics revealed that there were some 6 315 White subsidized children in foster care.

Whereas foster-family care has replaced institutions as the placement of choice according to Brown and Swanson (1981), the writer is of the opinion that the development of the counselling and psychotherapy dimension - whilst the child remains in his own home - appears to be the community-based alternative meriting priority attention. This opinion is based on the fact that de Bruyn (1984) has concluded that social worker contacts with foster care cases have generally been superficial, and that according to Brown and Swanson (1981) the merits of foster homes as opposed to institutional placements remains a source of debate.

In view of this, efforts to maintain a child in his own home via active treatment; then to utilize community-based alternatives such as foster care, ideally with a view to the child's return home; and only then to consider institutional options wherein the view in treatment is to return the child to the community, preferably to his own home - appears to be the indicated sequence of intervention the statutory social worker should follow in case management.

This counselling or psychotherapy approach in the community ideally maintains the child within his normal

environment, which thereby avoids the negative outcomes of the disruptions thereof, as well as maximizing the use of the resources of the community. By implication it also avoids the potential negative effects of institutions. Such an approach is possible within the Child Welfare legislation in South Africa, for instance, when a child is placed into his parent's care following having been found to be in need of care in a Children's Court. Such placement in the parents' care can be on probation, wherein conditions such as undergoing treatment can be stipulated to both the child and parents. This approach is not limited to a statutory intervention. All social workers, whether statutory or not, exercise their discretion concerning whether a specific case should be brought before the Children's Court. It is legitimate professional practice to undertake lengthy pre-statutory intervention so as to avoid the removal of a child from home. The writer would recommend such pre-statutory intervention in view of Barker's (1979) discussion of psychiatric disorder displayed by children who have been in care.

Despite diligent community-based efforts, some children will need to be institutionalized. This reality is one which the writer has confronted in clinical practice and which the theoretical chapter on institutions contained in this study underlined. Institutional placements are a

necessary resource for some children who are to be removed from home. Whereas one suggestion derived from the literature is that the number of admissions should be kept to a minimum, the issue of the nature of the institutionalization must also be addressed in view of the reality and necessity of such institutionalization. In this regard the process of institutionalization merits discussion.

In view of the concern about the negative effects of institutions, the institution for children might be most appropriately geared to children with special needs, particularly the very disturbed. According to Brown and Swanson (1980) such a process has occurred in America. Secondly, the use of an institution is appropriately placed within the context of a care continuum. According to Kahn and Kamerman (1980), this continuum would involve preparation for placement, ongoing supportive work with the family, preparation for return, and aftercare counselling. The writer's literature study implies that these care continuum elements are central in the outcome of institutions on post-discharge functioning. In their absence, or even presence when their quality is lacking, the negative effects of institutions appear to emerge.

In South Africa, the institutions appear to be soundly specialized. For instance, places of safety act as

assessment and detention centres; the role of childrens' homes is primarily social and aimed at certain socially unsettled children; and the school of industries is directed mainly at education for children with behavioural problems. The care continuum elements, or as the writer has described them "process elements" or "guidelines" for institutional care are, however, not well developed and practised. A recent inquiry, to be discussed hereunder, underlined this fact.

According to the Report of the Committee of Inquiry into Certain Aspects of Child Care (1982), there was room for improvement at childrens' institutions concerning pre-admission contact, in-service training for staff, the amount of professional counsellors employed, the involvement of children in the programme development, involvement of the childrens' families in treatment, pre-release planning and aftercare. As the writer has argued concerning institutional reform, and as the literature study has supported, these process elements are central in avoiding the negative effects of institutions and maximizing their positive potential. Insofar as statutory social workers can contribute to the presence of these process elements, they must. This is a central relevant issue raised by this study concerning the use of institutions in statutory social work practice.

Basically, it is evident that the writer's guidelines for avoiding the potential negative outcomes of institutions, are being neglected. In essence this means the current institutional management of children in need of care could be contributing to the generation or exacerbation of antisocial behaviour amongst such children.

RELEVANCE FOR THE MANAGEMENT OF SUBSTANCE DEPENDANTS

As in-patient, or institutional, treatment of a substance dependent always involves removal of some kind from the community, with the accompanying problems of involving the family and significant others in treatment and the reintroduction of the client and his family into the community following treatment, it remains an inferior means when compared with a community-based alternative. When the potential negative effects of institutions are considered, this community-based preference appears sound.

In South Africa, according to the National Advisory Board on Rehabilitation Matters Report (9184), in-patient treatment is a costly service which has resulted in this service not being available in every community. For example there are only two rehabilitation centres for Coloured and one for Blacks in the land according to this Report. This has resulted in severe limitations being placed on the

ability to involve the client's family and significant others in treatment, in aftercare, and on preparing and motivating clients for admission. The situation is better in the case of White persons where, according to Thomas (1979) there are in the region of 20 rehabilitation and registered rehabilitation centres spread around the country. Nevertheless, the process elements so central to a positive outcome of institutional treatment are frequently lacking in South Africa, and the implication for statutory social workers must be that community-based treatment should be persevered with as a priority, unless an institution is available which can provide in these basic process elements.

Simultaneous to the cautious use of institutions, community-based treatments will require expansion. The National Advisory Board (1984) has suggested that existing health clinics and in-patient treatment centres should expand their services to provide out-patient treatment facilities to dependants who can be treated whilst being part of the community. The concept here is that the dependant would remain within his usual environment where his significant others and other community resources could be involved in the treatment process. Community resources such as private mental health practitioners and Alcoholics Anonymous, a mutual assistance group run by alcoholics for

alcoholics, are envisaged to be central in an expanded community-based treatment effort.

Given the situation with regards rehabilitation centre treatment in South Africa, which prompted Thomas (1979) to urge radical revision of treatment programs in view of, for example, therapeutic staff to patient ratios as high as 1:52, the statutory social worker has a responsibility to urge his usual employer i.e. the State, to allocate sufficient funds to institutional care so as to make this a meaningful experience in terms of the client's increased prognosis for successful reintegration into the community following discharge. Further, the use of the statutory option of a postponed committal to a rehabilitation centre under the supervision of a social worker who coordinates community-based treatment must be an area of specialization and expertise of the statutory social work practitioner. This latter option's utilization might have meant a reduction in the total amounts of White and Coloured persons treated in rehabilitation and registered rehabilitation centres over the period 1981 to 1983. According to the National Advisory Board (1984) the total for Whites was 22 308, and for Coloured 1 903 people.

RELEVANCE FOR PSYCHIATRY

The implications of this study are supportive of the foundations of the Community Mental Health Movement. Hobbs (1969) has discussed this movement and illustrations of it are provided by him. These include the growth of social psychiatry and the comprehensive community mental health centres.

The community mental health centre is comprehensive in the sense that it offers a wide range of services including both direct care of troubled people and consultative, educational and preventive services to the community. Levenson (1972) discusses that community mental health centres provide for both in-patient and out-patient care. The social system element in the centre, however, means that the goal of programs is to help the disturbed person and his social systems to function harmoniously. Further, consideration is also given to those aspects of social environment which can be changed so as to significantly improve mental health.

The basic point concerning this movement is that the centre's treatment is rooted within the community in which the patient normally lives, sees the patient as part of a social system, attempts to avoid the damage caused by prolonged or distant hospitalization and attempts to

facilitate the patient's functioning as a member of a community whether he is treated as an in-patient or as an outpatient.

This community mental health centre is not the only programmatic aspect of community psychiatry. Beck and Long (1977) view these centres as a transitional form of service towards community-based programs wherein mental health is integrated with other community human services agencies. Under such circumstances, the specialized mental health centre or hospital provides back-up services and is linked to the community via staff and program.

The community mental health movement is frequently referred to as de-institutionalization in American literature. In the writer's view this form of de-institutionalization can be described as a process wherein there is the avoidance of unnecessary admission to institutions, avoidance of unnecessary delay concerning discharge, the development of alternatives in the community for the housing treatment, training, education and rehabilitation of the mentally disabled who do not need to be in institutions and improving conditions, care and treatment for those who need institutional care. These elements are underlined as important in the literature, particularly that improving institutional care involves including the process elements outlined by the

writer in his discussion of institutional reform. Statutory social workers, insofar as they can ensure the presence of these process elements, as well as de-institutionalization, must do so.

The community-based alternatives to institutions, or other programmatic elements of community psychiatry, besides the community mental health centre, include alternative counselling centres such as described by Holleb and Abrahams (1975) which are innovative counselling centres staffed primarily by non-professionals, albeit with professional backup, which provide for people who normally would not have used the traditional resources, psychiatry in non-health agencies, where, for example, crisis intervention is utilized, self-help programs of the nature of Psychotics Anonymous, and halfway houses, group homes and cooperative apartments for the mentally ill. Theron and Le Roux (1976) discuss such housing alternatives where the goal is to reduce chronicity of an illness and possible institutionalism, simultaneous to increasing normality in lifestyle. Such alternatives indicate the developments of community-based options and directions for statutory, social work practice.

In relating these community mental health concepts to South Africa, where, according to the Statesman's Yearbook

(1985), there were 21 727 beds in psychiatric institutions and some 484 701 mentally ill were treated as out-patients. Where, according to the Department of Health and Welfare Annual Report (1984), some 25 774 admissions and 23 157 discharges took place in respect of patients in psychiatric hospitals, care and rehabilitation centres and staffing at the aforementioned mental health institutions totals 133 clinical psychologists, 91 psychiatrists and 47 social workers, the following conclusions are apparent:

- there is an unfavourable patient-staff ratio in the mental health institutions which has relevance to the quality of in-patient and out-patient care, and
- programmatic elements of community psychiatry such as those presented by Holleb and Abrahams (1975), which include innovative counselling centres, volunteers and self-help programs can alleviate personnel problems..

RELEVANCE FOR THE FIELD OF CORRECTIONS

If community-based alternatives are to be considered the most desirable management options and institutionalization is to be conducted in a manner that facilitates healthy post-discharge functioning, then the alternatives to

imprisonment and the reform of prisons respectively require urgent attention in South Africa.

The statutory social worker must always give priority consideration to recommending to sentencing officers one of the plethora of community-based alternatives to imprisonment, so as to reverse the current situation of overcrowded prisons. This approach is consistent with utilizing the method most likely to facilitate the offenders' rehabilitation to the point of being a socially adapted member of the community. Krugel (1983) has outlined these alternatives, and they include: suspended and postponed sentences; compensation for victims of e.g. theft; submission to training or treatment; submission to the supervision of a probation officer; good behaviour; rendering a service for the benefit of the community; fines; warnings and discharges. The writer, being a statutory social worker, is aware that legislation is currently being formulated to delineate the rôle of the probation officer. Such legislation would ideally contain an emphasis in the direction of encouraging the preferential consideration of community-based alternatives.

The basic motivation, besides avoiding the potential negative effects of imprisonment, is stopping removal of the offender from his environment and thus not treating him in

isolation apart from those factors in his family and community that contributed to his problem. As Prins (1982) and Walker (1981) have vividly illustrated, this decision concerning the preference of any community-based option over an institutional one, cannot be motivated strictly upon a research basis, and thus these theoretical motivations are valid in terms of the current status of the knowledge base concerning the relative effectiveness of the various management options. The problems concerning researching the relative effectiveness of the various alternatives has been discussed by the writer, particularly the fact that sentences cannot be randomly assigned to offenders for ethical reasons. Naude (1984) has further observed that attempts to clarify these issues are frequently not even attempted when this neglect would not only appear to be related to the problems of research design or of measurement. The writer therefore accepts community-based treatment as the management of choice as a valid presupposition but encourages scientific research to further clarify the relative effectiveness of the various treatment alternatives.

When the statutory social worker is striving to reduce the prison population and thereby to utilize community-based sentence alternatives available within the Criminal Procedure Act No. 51 of 1977 as amended, he is utilizing the community as the frame of reference. According to Küpper-

Wedepohl (1980) this constitutes the new world wide direction followed in the field of corrections. Various concepts are involved in this new direction and include volunteers, i.e. the use of sub-professional aids to assist social workers burdened with heavy caseloads; facilitating new careers for those offenders whose opportunities have been blocked by their offences; diverting offenders from continued and total processing through the criminal justice system; restitution wherein the offender compensates via a community service for an offence; and community-based corrections wherein rehabilitation is located outside of institutions and in the normal environment of the offender.

Besides this emphasis on community-based corrections, the debate concerning institutions also has relevance for input into the reform of imprisonment as a means of management of offenders. Nel (1984) in an article dealing with the reintegration of ex-prisoners into the community, concludes that a prison is not a favourable environment with regards steps to rehabilitate an offender as a member of the community. Much literature, for example King and Morgan with Martin and Thomas (1980), exists to support Nel's contention. According to Walker (1983) this is due to the fact that the social environment into which the inmate is discharged is a more immediate and powerful influence than the carceral experience itself. The writer is of the

opinion that the reasons are more plentiful than the one suggested by Walker, and that these reasons relate to all the process elements discussed by the writer in his discussion of institutional reform. As an example, Zingraff (1975) found that prisonization - that is the degree of assimilation into the inmate contra-culture - is related to self-attitudes which are not conducive to effective re-socialization. Thus, the process of imprisonment, with special reference to ensuring that experiences during it do not exacerbate personal pathology, that the treatment is geared towards the offender's adjustment in the community (post discharge), and that effective aftercare is rendered thereafter, are central in prison reform. Only such reform will ensure that the potential effects are minimized and the rehabilitative potential maximized.

In conclusion, the writer wishes to draw the reader's attention to certain statistics which underline the validity of the argument in favour of community-based sentences and the reform of prisons.

According to Howes (1984) 77,22 percent of the prison population are short-term prisoners who could have been redirected to a community correctional program. In support of this, Van Der Merwe (1984), with reference to the 440 922 persons imprisoned over the period 1 July 1971 to 30 June

1972, states that some 390 301 of this total were serving sentences of six months and shorter. Of these short term prisoners, only 64 211 were over 40 years of age. The writer considers that these authors have demarcated a large group of young prisoners who might have been accommodated in community-based correctional programs. When it is considered that, according to Krugel (1984), of the 521 309 persons admitted to prison over the period 1 July 1975 to 30 June 1976, some 22,3 percent were serving sentences of one month or less, the argument is strengthened. At the time that these abovenamed authors published their papers, however, there were merely 49 offenders completing community service orders according to Hove (1984).

Besides the prisons containing many young short-term prisoners, they are also overcrowded and understaffed. According to Otto (1984) as at 30 June 1983 the prisons were on average 43,35 percent overcrowded. The worst region was Natal where the overcrowding of facilities was 79,48 percent. The exact numbers of prisoners of all racial groups was 100 677 on that date. The staffing according to Van Der Merwe (1984) is simultaneously inadequate. As at 30 June 1972, there were only 40 social workers and two psychologists available for the treatment of a daily average of more than 100 000 prisoners. The presence of overcrowding and inadequate staffing in prisons further supports the

validity of community-based sentences. In addition, the provision of sufficient therapeutic staff to cope with the requirement of actively treating inmates during incarceration is isolated as an important element in the reform of prisons.

Finally, the writer wishes to remind the reader that the development of the scope of community-based alternatives is limited by the amount of staff available in this regard. In the field of corrections, according to Hove (1984), the welfare agency which specializes in the rehabilitation of offenders, i.e. NICRO, had only 75 social workers in its employ during 1983. This factor clearly limits the potential scope of the preferential use of community-based corrections, and must be addressed in order to give effect to the relevance that the debate concerning the effects of institutions has for the field of corrections.

RELEVANCE FOR GUIDELINES FOR STATUTORY SOCIAL WORKERS WHEN INSTITUTIONALIZATION IS INDICATED

If the criticisms of institutions are valid insofar as they demonstrate the ability of institutions to generate anti-social behaviour, and if the positive potential of institutions can be facilitated by following certain guidelines in

the process of institutionalization, then it follows that the statutory social worker appropriately seeks to apply the relevant guidelines in practice.

The writer has developed such guidelines, outlined in the chapter on institutions, which are associated with the use of institutions wherein the inmate is prepared to function in the community following discharge. These guidelines are accepted by the writer as major relevant actions which can be undertaken by the statutory social worker so as to avoid unwanted negative effects. They form, as such, a modus operandi for statutory social workers when the institutionalization of a client is indicated.

The first of the guidelines has as a major concern that, as supported by the work of Wilgosh (1973), the cooperation of the inmate and his family for admission must be obtained. They must at least be prepared concerning the admission and what it entails. This places an onus on the social worker to intervene in a collaborative way with clients, as opposed to operating in an autocratic, authoritarian manner. Certainly at the point that the client and/or his family appear in the relevant court they should be aware of the recommendation that the social worker is going to make, plus the motivation hereof, and what this practically entails. For example, an uncontrollable child

and his family will be aware of the necessity for placement and the structure and functioning of an industrial school. Ideally, the child, along with his family members, would have already visited the relevant school and been introduced to the staff and become acquainted with the institutions functioning.

Another guideline, as supported by the research of Ollendick and Hersen (1979), is that inmates must actively be treated during their stay at an institution. Where the statutory social worker is not directly involved in service delivery he would need to be an advocate of the clients' interests in this regard. Nevertheless, insofar as it lies within the ability of the statutory social worker, institutional placements should not be utilized as ends in themselves. The abused child must not merely be removed from danger, nor the thief from temptation. The institutionalization period must provide for active treatment of the underlying reasons for the antisocial behaviour. This second guideline is closely associated with a further two guidelines, that is that the significant others of the inmate must be involved in the treatment, and that treatment must prepare the inmate for life as he will have to face it following release. The research done by, for example, Maskin (1977) and Wierig and Robertson (1972), support the importance of these latter guidelines.

Removing a child, a psychiatric patient, or an alcoholic from family interactions which were instrumental in the generation of current pathology, only to return them to the same environment later, appears counterproductive. Rather, the significant others must be involved in treatment, ideally as allies in the therapeutic goals. These significant others might benefit from treatment themselves so as to fill such a role, or to remove major aetiological factors in the current problematical lives of the identified client to which they might have been party.

The treatment in the institution should prepare the inmate for life as he will have to face it on release. This involves not only retaining and improving the quality of contact with significant others, but also the inmate relationship to the open labour market, peer-group relationships and the various levels of demands made on a member in the community. Adjustment to the rules and regulations of an institution alone, is not a preparation for these demands.

The writer is aware, from his clinical practice, and as has been endorsed by Rehn (1976), that many of these guidelines are dependent on the cooperation of the staff of the institution in achieving therapeutic goals. Consequently, certain of these guidelines are appropriately utilized by the statutory social worker in evaluating the

desirability of the utilization of a specific institution. If the staff are of such a quality that they do not co-operate in achieving therapeutic goals, then obviously the use of the institution must be regarded as an inferior method of management. A further guideline which has relevance in this regard is the extent to which inter-inmate forces are accounted for in the treatment program of the institution.

The placement of an offender amongst even more deviant prisoners, or the attempt to rehabilitate an uncontrollable child by placing him amidst a peer group in an industrial school who can contaminate him, where the treatment in these institutions does not take account of inter-inmate forces, is contraindicated. Slabbert (1980) has argued in a manner consistent with the writer's viewpoint.

Pre-release planning and aftercare are central guidelines to be followed by the statutory social worker. The research of Tanz et al (1972) and Jonckheere et al (1973) has demonstrated the validity of this. Institutionalization is ideally a process which is set into operation with the goal of the inmates adaptive readjustment into the community. It is a conscious, orderly action in this context, which reaches maturity at the point of discharge. This discharge is not to be an unplanned for event which results

in the releasee from a drug rehabilitation centre being minus accommodation, support system or employment prospects. Rather, it is the fruit of the active treatment during the institutionalization, and the planning inherent therein. The statutory social worker, who commonly, statutorially, supervises those released from the institutions people are committed to, should be involved in this pre-release planning, and the realization of this planning via aftercare.

The statutory social worker might regard aftercare, along with adequate preparation for admission and the facilitation of the client's preparation for life as he will have to face it on release, as his major tasks as regards institutionalization. The debate concerning the effects of institutions certainly supports the importance hereof. During aftercare the gains made during institutionalization can be cemented, and possibly even the shortcomings of the institution negated. This implies that aftercare of a comprehensive, intensive nature is an important method for the practitioner to utilize in attempts to avoid the potential negative outcomes of institutionalization.

CONCLUSION

Within the legislation outlining the management of the major client groups in statutory social work practice, the

opportunity exists for giving attention to the relevant issues raised in the debate concerning the effects of institutions. Community-based alternatives are entrenched in the statutes, statutory social workers have a significant influence on the presence or otherwise of institutional options in their clients' lives, and statutory social workers are directly involved in providing the necessary input that constitutes many of the essential process elements that are central to a positive and helpful outcome following institutionalization.

Preparation of a child, psychiatric patient, substance dependant or offender for institutionalization can occur before the relevant court appearance, reconstruction services in terms of the relevant Act can ensure that the treatment in the institution is orienting the inmate for adaptive functioning in the community following discharge, and aftercare can directly contribute to the cementing of gains made during institutional care as well as the successful reintegration of the inmate into the community. In short, the process elements that on exploration appear to be essential to adaptive functioning post-discharge are statutorily amendable to the statutory social worker.

Such utilization of community-based alternatives, and the contribution to maximizing the positive institutions, is

consistent with world wide trends and the level of development of the knowledge base concerning the use of institutions in statutory social work. This does not minimize the necessity of further research, particularly as regards the clarification and confirmation of the factors involved in the effectiveness of the various management options with regard to various client groups.

Finally, a limiting factor in broadening the scope and sophistication of community-based alternatives, as well as in institutional reform, is the limited amount of professional staff available to give attention to the major social work client systems. This has implications for the creation of associated workers, (Social and Associated Workers Act No. 110 of 1978) and volunteer programs.

CHAPTER NOTES

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CHAPTER FIVE

METHODOLOGY

INTRODUCTION

According to Sellitz, Jahoda, Denton and Cook (1971):

"It is important to remember that exploratory studies merely lead to insights or hypothesis; they do not test or demonstrate them." (1)

The exploratory study has its object the exploration and clarification of some phenomenon where accurate information is lacking. Such research, according to Forcese and Richer (1973), is intended to provide description, often with a view to providing material and guidance for subsequent research. This subsequent investigation is usually explanatory in nature, that is, one which attempts to explain a social phenomenon by specifying why or how it happened.

This study is an exploratory one. The research question—refers to what is happening as opposed to explaining why or how it happened. The institutional histories of a group of people, officially designated as antisocial by virtue of their having been convicted in a competent court of law, of a criminal offence, are explored. The study has

as its goal the providing of guidance for subsequent explanatory research where there would be explicitly stated relationships among variables, so that causal links between them can be inferred. However, given the stage of development of the knowledge base concerning institutionalization and its effects, an explanatory study is most appropriate in this field. In the writer's opinion there exists a need for the exploration of the relationship between institutions and their effects, prior to such explanatory studies being undertaken.

Any study of institutionalization must take cognizance of the reality that the literature in the field can be divided into that which describes institutionalization in predominantly negative terms, and that which attempts to balance this negative view. These two juxtapose one another, which results in the subject being ripe for research to clarify the issues involved. This will enable the development of the theory beyond its current stage of development to a point where the explanation of the effects of institutions is research based and not a result of any philosophical bias. Before this explanation can be attempted via research, an exploration of the phenomenon is required. Thus, the exploratory nature of this study is appropriate for this subject matter.

The purpose of this study is well represented by Polansky's (1975) statement:

"What is, then, the purpose of organized research? Simply this: to try to hurry, even force, the accumulation of knowledge." (2)

THE SETTING

The research took place under the aegis of the Department of Health and Welfare, Cape Town. This Department is the State Department which renders social work services to the White population in South Africa. Hereafter this agency will be referred to as the 'Department'.

This Department aims, inter alia, at determining the nature and causes of factors giving rise to social maladjustment and at taking steps to combat these; coordinating the services of state and private welfare organizations and administering pensions allocated by the state.

The Department is organized on a decentralized basis with a head office in Pretoria, which in turn is responsible to the Minister.

This head office is responsible for policy matters. At any decentralized office of the Department there is a

hierarchical staff structure. The office is divided into sections with supervisors heading each section. These supervisors are usually experienced social workers.

The activities of the Department involve statutory responsibilities e.g. the administration of legislation concerning children, alcoholics and drug dependants. Other activities include non-statutory responsibilities such as professional social work services on a pre-statutory level with children as well as social security schemes.

To fulfil its aims, the various sections under the control of a supervisor fulfil specialized functions, for example:

- a Welfare Planning Section which, inter alia identifies social needs in the community
- a Social Assistance Section which takes responsibility for the control of Social Assistance schemes
- an Intake and Canalization Section which either refers all cases approaching the office for assistance to another agency, or deals with them on a short-term treatment basis or refers them for long-term treatment within the agency. Another function would be the

canalizing of all reports submitted by private welfare organizations for the Department's endorsement in statutory matters

- a Field Section which renders services such as preventative services to the maladjusted individual or family; reconstruction services to a family whilst a member is at some institution; aftercare services in respect of those released from an institution
- a section which involves itself with administration and accounts; and
- a Court Section which deals with cases referred by a criminal court for the investigation of their background and a recommendation concerning sentence. Another function would be supervising offenders placed under probation.

This sample population was selected within the Court Section of the Department of Health and Welfare, Cape Town. This section, as has been discussed, is primarily concerned with compiling probation officer reports on White offenders referred by the relevant Criminal Courts, usually located within the larger Cape Town area. However, any criminal court in the Republic of South Africa might request such a

report should the offender be resident in Cape Town at the time of trial and sentence.

This Court Section is a specialist section in the Cape Town office. Other sections address the areas of Child Welfare, alcoholism, drug abuse, community organization, social pensions, student training, intake and administration.

Essentially, being a State Welfare department, the Department is a statutory social work setting. Here the various pieces of legislation that have relevance for social welfare are administered. The Court section is primarily concerned with the administration of the Criminal Procedure Act number 51 of 1977, as amended.

The Court Section is staffed with up to eight professional social workers and a section head who ensures a minimum quality of service and facilitates professional development. Pre-sentence investigations requested by the criminal courts are divided equally in terms of numbers amongst the social workers. Multidisciplinary input is drawn from community resources. Other rehabilitative functions are fulfilled by this section, for instance involvement in supervision of offenders placed under statutory supervision by the criminal courts, educational

programmes to decrease the incidence of persons who drive motor vehicles under the influence of alcohol, and specialized community-based sentences e.g. the "community service order" where an offender is ordered to render a service for the benefit of the community. These community service orders are largely under the aegis of a voluntary organization which specializes in rehabilitation.

During 1985 the Department of Health and Welfare changed its name and became the Department of Health Services and Welfare, House of Assembly in view of constitutional changes occurring in the country. Besides a name change, no pragmatic changes occurred concerning the statutory social work undertaken by this Department.

AIM OF THE STUDY

The field of study which explores the effects of institutions on people who reside in them faces various dilemmas. The major problem encountered centres around the fact that no unifying model or theory exists to integrate the contrasting views. Whilst the literature legitimately permits anticipations concerning the effects of institutions, these are, in their basic form, contradictory. The anticipation that, with the subjects of this study, institutionalization could have contributed to the formation of antisocial as

well as positive pre- or post-discharge functioning, are both well founded in the literature. The researcher thus has had to develop guidelines to integrate the contrasting anticipations into an explanatory framework. This has been done and these guidelines are explored in the study with a view to its providing a basis for later research where there would be explicitly stated relationships among variables and where causal links between variables could be inferred.

This study addresses the following major research question; that is:

Is institutionalization a possible contributing factor in the development or exacerbation of antisocial behaviour?

Furthermore, the study also examines the possibility that institutionalization is a contributing factor in positive pre- or post-discharge functioning.

Finally, a further aim of the research is to present the reader with a profile or model which argues that the factors which determine whether institutionalization will be positive or negative in effect include the certain process elements. These process elements are outlined in the following profile:

- the inmate and his family being prepared for admission
- the inmate and his family cooperating with admission
- the inmate being actively treated during his stay at the institution
- the treatment in the institution
- involvement of the inmate's significant others in his treatment
- the institutions regulations not taking precedence over the inmate's treatment
- staff cooperation with treatment programs
- inter-inmate forces not negating treatment programs
- pre-release planning being undertaken; and
- aftercare being conducted.

This profile introduces the writer's guidelines concerning institutions and their effects. In the chapter on institutionalization these process elements are discussed in

greater detail in the sub-section on institutional reform. The anticipation is that if some or all of these factors are absent, or of a poor quality, then the outcome of institutional care will be predominantly negative or antisocial.

THE STUDY METHOD

This study has as its goal the exploration of the effects of institutions on people, with special reference to institutionalization being a contributing factor in the creation or exacerbation of antisocial behaviour during institutionalization and after discharge. Basically, to this end the writer was confined to undertaking a study which would involve the follow-up over a period of time of a group of persons discharged from an institution or institutions; or to identify a group of persons who were antisocial and study them for a history of institutionalization. The former option presented major problems with regard to tracing and maintaining contact with persons discharged from institutions, and restricted the variety of institutions and various institutionalized variables, such as length of institutionalization and persistence of effects, available for study. In view of this, a pilot study was undertaken amongst a group of fifty offenders, that is people officially designated as antisocial in view of their having been convicted of a criminal offence in a competent court of law,

to determine whether it was feasible to undertake an exploratory study of institutionalization amongst them. This pilot study confirmed the feasibility of such an approach since approximately 70 percent of these offenders had a history of institutionalization.

The advantage of studying a group of criminal and thus antisocial persons persuaded the writer that this was the appropriate method. Working in a State Welfare Agency which included a specialist section which serves the criminal courts in the large Cape Town area meant that the respondents were very accessible. A variety of institutions and various variables mediating their effect could be studied, thus expanding the scope of the exploratory study. Further, a direct link could be explored between the respondents' current antisocial behaviour and their history of institutionalization. In short, the limitations of a follow up study were overcome simultaneously to a sound means of exploring the subject being presented by this method. Such purposive sampling is appropriate to exploratory studies.

According to Bailey (1978), in purposive sampling the investigator has the advantage that he can use his research skill and prior knowledge to choose respondents. He cites the ploy of seeking deviant cases rather than average respondents, in order to see what makes them depart from the

norm, as accepted research practice. Such an action has been undertaken by the writer.

Given that the study of institutions and people who have lived in them, judging from the literature, is a subject sensitive to bias by both the researcher and the respondent, the writer was compelled to collect data of a factual nature. For instance, whether the respondents had been institutionalized had to be addressed and not only whether the respondents believed that institutionalization contributed to antisocial behaviour. This factual data was indispensable if the study was to form a basis for evaluating the validity of the answer to the research question. The nature of the data sought encouraged the writer to choose a structured interview schedule as the method of the enquiry, as the data hereby collected can be precise, quantifiable and open to measurement.

The group of officially antisocial persons chosen as the subjects of this study were all those offenders referred to the Court Section of the Department of Health and Welfare, Cape Town, by the criminal courts for the purpose of the compiling of a probation officer's report during the period commencing 15 December 1984 and ending 15 April 1985. Eight-four such offenders were referred, of whom seventy were interviewed by the writer. Refusals to be interviewed

and practical problems - such as the respondents being sentenced a very short period following sentence or residing far from the agency - were the reasons which accounted for fourteen of these offenders not being interviewed.

The writer personally interviewed each offender during which time a structured interview schedule (see Appendix I) was administered. A personal interview was considered an appropriate means to facilitate response rates to the psychologically intricate nature and sensitivity of the area of exploration, as well as to deal with issues of a quasi therapeutic nature that arose with these respondents. For example, all the respondents were undergoing probation officer investigation for the purpose of a report being compiled concerning themselves to assist the court involved with sentencing. None of the respondents had been sentenced. In the light of this it is logical to assume that they might assume that the writer, himself a probation officer, could influence the nature of the sentence.

Each respondent was contacted by the writer, who explained the purpose of the research and invited participation. Those who were willing to participate were briefed via an explanatory introduction which involved two elements, that is, creating rapport and explaining the interview. The writer explained in as neutral a way as possible (to avoid

contaminating the subjects' responses) that he wished to discuss their appearance in court and that he would like to ask questions about their past to see what effect their experience could have had, that the answers given would be treated as confidential - unless the respondent specifically requested that certain information be shared with the probation officer involved with his court case, that the results would be used by professionals in their work and that every answer was vital and should be as accurate as possible as they represented many others who, for various research reasons, could not take part in the study.

↓ Following the explanatory introduction a structured interview schedule was administered by the writer. This schedule was composed of open questions and opportunity for further comments at relevant points, as well as closed response categories. The open-ended questions were considered appropriate in view of the fact that not all the answer categories are known in this field of study and thus the respondents were able to answer in all the variety and detail they desired. This facilitated the exploratory nature of the study. The closed questions, on the other hand, facilitated standard answers largely of a factual nature that could be compared from person to person.

The main thrust of the schedule was to explore the

respondents' institutional history prior to their current offences, the effect that this history had had on them, and why. It was divided into eight sections which, inter alia, dealt with various types of identifying information, the respondents' institutional history, and the respondents' institutional experiences. The structure of the schedule was based on the literature as well as the writer's clinical experience as a probation officer, and the data hereby obtained formed the basis of the exploration of the effects of institutions on people. The reliability of the information gathered is strengthened by the nature of the information elicited with regard to the respondents' institutional histories.

The institutional history section of the questionnaire addressed factual data such as whether the respondents had been institutionalized prior to their current offence being committed, as well as where, when, for how long, at what age and for what reason they had been institutionalized. The institutional experience section was of a more phenomenological nature and required the respondents to evaluate issues such as the major overall effect of institutions on them, the reasons in their view for any effects, and the persistence of effects to the time that the schedule was administered.

To facilitate the analysis of the schedule the questions were grouped. The structure of the schedule was as follows:

- (a) The introductory statement;
- (b) A cover sheet which allowed for noting of the agency file number, the interviewer, date of completion, duration of interview, sources utilized in completion and place of interview;
- (c) Identifying information which included age, sex, date of birth, marital status, living arrangement, highest educational qualification and current occupation;
- (d) A section on the respondent's previous and current convictions which, inter alia, describes whether institutional sentences have been served;
- (e) A section which describes the respondent's institutional history i.e. whether they had attended any institutions before they committed the current offence. If they had then details concerning the institution, the year it was attended, the respondent's age during admission and length of stay are recorded. Further, the total amount of time institutionalized as well as

the reasons for institutionalization are recorded;

- (f) A section wherein the respondents are requested to discuss the major overall effects of institutions on them, why such effects occurred and the persistence of such effects. In this section the respondents are asked directly if they believe that institutionalization can lead to antisocial behaviour and whether other factors besides institutionalization had led to their current convictions;
- (g) In order to explore the possibility that the offspring of the institutionalized are frequently institutionalized, the family background and welfare of the respondent's children is dealt with in a separate section; and
- (h) So as to attempt to clarify whether other forms of antisocial behaviour are present in the respondents' lives, which could be linked with their history of institutionalization, their current functioning is probed.

LIMITATIONS OF THE STUDY

The type of sampling utilized in this study is purposive sampling as described by Yeakel and Ganter (in Polansky

(1975)).

"In early stages of knowledge development, when insights that lead to the discovery of variables or to hypothesis formulation are the intent, purposive sampling may be employed." (3)

Consequently, the type of sampling was appropriate in view of the level of development of knowledge in the field and due to the resultant exploratory nature of this study, but the group studied is not a representative sample of a population and the generalizability of the findings to specific populations is impeded.

Furthermore, access to statistical analysis is limited by this process of non-probability sampling. Whereas institutionalization can be identified as a possible contributing factor to antisocial behaviour, and hypotheses can be generated by this study, the guidelines or profile concerning the effects of institutionalization developed by the writer might have been more clearly validated or negated by the use of a control group. Such a control group, ideally, would have enabled exploring whether institutionalization contributes to post-discharge functioning in a similar manner with persons not officially identified as antisocial, and therefore increase reliability and validity protocols.

Within this study, which attempts to explore possible

causal relationships, the writer had no control over the experimental conditions i.e. the prior life experiences of the respondents; outside variables that may have affected the characteristics of the respondents; nor the variable being explored as a causative factor in antisocial behaviour. Consequently, it is difficult to confirm the existence of causality with a satisfactory level of certainty. Institutionalization can be identified as a possible contributing factor to antisocial behaviour, but interaction with the concomitant complex combination of factors is largely unexplored and unspecified.

The subjects selected for this study were limited to White persons. The agency within which the study took place renders services to White persons only and the relevance of these exploration results for other population groups is not dealt with in the study. Comparisons of the results with other major research involving other population groups is undertaken, but this subject-related limitation has a bearing on the true value of the results.

All the subjects had been referred for probation officer investigation by the criminal courts. Whilst it can be argued that every person who appears in a criminal court can be referred for such investigation, the writer has not controlled for the possibility that every person does not

have an equal chance of referral. Consequently, the respondents in the sample might constitute a particularly dysfunctional sub-group within the population of offenders. Further sampling bias is introduced by the fact that the referral source was always the criminal court. This has relevance for the interpretation of the results.

Given that the definition of antisocial behaviour accepted by the writer for the purpose of the study was broad, a wide variety of behaviours were included as being antisocial. The independent variable is thus not specific in the sense that transgressions as dissimilar as the driving of a motor vehicle under the influence of alcohol and rape, are grouped together as equivalent proof of antisocial behaviour. The study is thus not sensitive to the relationship between institutionalization and specific forms of antisocial behaviour. In a similar manner, the broad definition of an institution accepted by the writer for the purpose of the study is not sensitive to the role that specific institutions might play in the generation of specific antisocial behaviour, or antisocial behaviour in general.

The study of institutions and the institutionalized, irrespective of the sample utilized, is a subject sensitive to bias by both the researcher and the respondents. Both

groups view the subject from specific viewpoints which influence their interpretation of its effects. In a study which has, to some extent, relied upon the respondent's subjective evaluation of the effects of institutions, this bias could have combined with the various respondents' differing insight into and awareness of the effects of various experiences on them, to produce information which can be inaccurate, incomplete, or unreliable. The simultaneous collection of objective information thus was imperative in this study.

Concerning the interview schedule, despite every attempt being made in its construction to render it comprehensive as well as where appropriate to include open questions with opportunity for comments, it was of a structured nature. This structure imposed the selection of topics and therefore, to some extent, controlled the content of responses in a way that may have been too restrictive. Further, this schedule was difficult to administer in places. The section that dealt with institutional history was particularly difficult to administer with respondents who had attended many institutions. This tended to interrupt the fluidity of the research interview.

The interview schedule can be considered to have face and criterion validity in that it measures institutional

history and experiences via multiple questions. However, according to Bailey (1978) it appears to lack construct validity due to the absence of other concepts and their measures that can be related to the concept in question via propositions.

CONCLUSION

Seventy purposively sampled respondents officially identified as antisocial were interviewed utilizing a structured interview schedule with a view to exploring the effects of institutionalization on them and their antisocial behaviour. The data described some of these effects and formed the basis of suggesting directions for future research and practice in a field of study lacking in scientific research and plagued by conflicting theoretical viewpoints.

The methodology is primarily exploratory in nature as a result of undeveloped, inadequately researched knowledge base in this field of study.

Social workers' clients are frequently being institutionalized by statute as a result of social workers interventions and recommendations. The effects of institutions is thus an important research area with a view to ensuring the appropriate utilization of this significant management method in statutory social work.

CHAPTER NOTES

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CHAPTER SIX

RESULTS AND DISCUSSION

INTRODUCTION

According to Bailey (1978):

"In a descriptive study, especially an exploratory one, the researcher may be more concerned with describing the extent of occurrence of a phenomenon than with studying its correlates." (1)

Certainly, this is the case with this exploratory survey. The extent and frequency of occurrence of institutionalization in the histories of the sample of offenders is a major focus of this study as this factor is being explored as a contributing factor to the respondent's antisocial behaviour. However, the study must also take note of the fact that institutions must address the exploration of the factors that operate during institutionalization to either positively or negatively influence outcome. This approach is in accord with the requirements in this field of study in order to develop the knowledge base, and involves an exploration of cause. The causal element in the survey is not

discordant with acceptable research procedure. According to Forcese and Richer (1973):

"The survey that is exclusively descriptive is a rarity in sociological research. What one usually finds is that surveys permit of both descriptive and causal analysis, with the former introducing the major variables which will appear later in the causal analytical section." (2)

This chapter has as its purpose simply to describe the 70 respondents contained in the sample responses to the interview schedule. For the sake of clarity and convenience, the results will be presented according to the subdivisions utilized in the interview schedule. The construction of the schedule proceeds from a basis for descriptive analysis, in the section on institutional history, to a basis for causal analysis, in the section on institutional experiences and thus the progression of the subdivisions has rationale. In view of the vast amount of data obtained, the writer decided not to represent all findings by means of graphs or tables. Rather, only the central data will be dealt with in this manner whereas other findings will be presented in the form of a descriptive commentary. This descriptive commentary will basically entail a summary and discussion of the findings which will lead to a condensation of the results into a readily communicable form. The use of percentages, for example, will take place extensively.

The percentages referred to in the results exclude non-responses. The reason for this is that they do not constitute a meaningful substantive category of the variables being organized. Such a reason is considered valid by Bailey (1978).

From the data obtained, higher order statements are induced about the effects of institutions and the reasons herefor, which will serve as the basis for future explanatory research.

RESULTS AND DISCUSSION

The results obtained within each subdivision utilized within the interview schedule were as follows for the seventy respondents:

(a) Cover Sheet:

The first findings made under this heading revealed that the vast majority of the respondents were interviewed between January and March 1985, and that is 85,6 percent. That there may have been seasonal influences on the type of offender referred for probation investigation is not supported when reference is made to the fact that date of appearance in court for sentence on a criminal charge does not indicate the date of com-

mission of the offence, which could have been days or years previously.

A second finding was that 82,9 percent of the respondents were interviewed for one half hour. Given that the interviewer had administered a number of interview schedules prior to the study commencing, he was proficient in its administration. Consequently, the average interview was satisfactorily completed in roughly one half hour. Those respondents who had lengthier histories of institutional care naturally demanded more interviewing time.

A third finding was that 81,4 percent of the interview schedules were completed with reference to other sources as well as an interview with the respondent. This normally took the form of consulting their official record of previous offences, or the probation officer involved, concerning identifying information.

A fourth finding was that the majority of respondents were interviewed at either a prison i.e. 34,3 percent, an agency i.e. 30 percent, or an office at court i.e. 20 percent. It is obvious that some settings are more conducive to interviewing than others, and that a respondent awaiting trial in prison might be more

critical of institutions than one awaiting trial in the community. This is borne out to some extent by the fact that twice as many persons interviewed in prisons made negative evaluations of the effects of institutions on them, when asked about this issue later in the schedule, than positive evaluations. However, the fact that the same pattern was repeated amongst those respondents interviewed at an agency office and that being interviewed in prison did not inhibit positive evaluations of the effect of institutions suggests that the place where the interview took place did not have a significant effect on the results of this study.

b Identifying Information

The results under this heading revealed that the respondents were predominantly male, between the ages of 20 and 40 years of age, unmarried, of a low educational status, unemployed or in lower status occupations.

With regard to the respondents' ages, some 70 percent were between the ages of 21 and 40 years of age. Insofar as the respondents are largely persons who might be economically productive if rehabilitated, their referral for probation officers' treatment is noteworthy. Furthermore, the relatively few juvenile

offenders referred needs to be seriously addressed by the Probation/Court services and social workers in general.

90 Percent of the respondents were male. This is consistent with Nettlers (1978) theoretical position, based on a research review, which can be summarized as stating that being young and being male are conditions associated with committing crimes. In her words:

"If one groups people by age and sex and then looks at their proportional contribution to arrest or conviction rates, the worldwide experience is that young men make higher contributions to crime than old persons and women." (3)

The data concerning the respondents' marital status suggests that the respondents are not experiencing social stability. According to Gibbens (1984) marriage is a factor associated with a positive adjustment following institutionalization. He states:

"It is, of course, both the result and the cause of increasing social stability." (4)

Only 11,4 percent of the sample were married. The rest were single, divorced, separated from their spouses or widowed. The two largest categories were those who were single i.e. 60 percent or divorced i.e. 22,9 percent. Whether a period of institutionalization

disturbed the respondents' relationship ability or existing relationships, or whether the effects of institutionalization have been exacerbated in a negative manner by virtue of the absence of available relationships, is unclear. Both options are possibilities.

When the results concerning the current living arrangements of the respondents were analysed, that is, where they normally lived prior to their conviction on the offence for which they were awaiting sentence at the time of their being interviewed by the writer, then these do not confirm that the respondents were consistently socially isolated. 58,6 Percent were resident with a partner, friends or with family.

The respondents revealed limited educational levels; 81,4 percent had not matriculated; 54,3 percent had no education beyond school. Of those who had studied after school a noteworthy percentage (32,9) had undergone some technical training. When these educational factors are combined with the fact that 60 percent of the respondents were unemployed, the sample as a whole appears to be a group vulnerable to being pressurized into criminal behaviour by the life chances immediately available to them. This vulnerability is one which

theoretical writers such as Nettler (1978) have isolated as important in the genesis of criminal behaviour.

When the information elicited under identifying information is examined with a view to determining whether there is any interaction between these variables and the respondents' rating of the effects of institutions on them later in the schedule, then none of the information elicited appears to interact with the respondents' rating. This does not mean that the predominantly unattached, low educational status and unemployed status of these respondents has not interacted with their histories of institutionalization in a negative manner. For example, persons who have been in schools of industries may experience difficulties in motivating themselves to remain at the school longer than the law requires them to, and thus complete their schooling; a released prisoner could have problems finding employment given the stigma attached to this institutionalization; or a hospitalized person's exposure to the opportunity for relationships could be limited. Albeit in an indirect manner, institutions can negatively influence post discharge functioning. Accordingly, a person whose educational progress is disrupted as a result of being institutionalized would

have difficulty in obtaining a high-income job. The fact that amongst those respondents who were employed the largest group were those doing manual work, supports this proposition. This group totalled 42,8 percent of those employed. Another example would be that an institution provides shelter and food, albeit a prison, and thus those released could see this as a viable means of meeting these needs. The released inmate could thus lack motivation to seek employment. The most economic, non-demanding method of providing for himself is to commit an offence so as to return to prison. Particularly in view of the economic recession in South Africa at present, this institutional neurosis, as described by Burton (1959), appears a possible outcome for those released from institutions and may be a factor in their recedivism. The loss of prospects outside of institutions, e.g. family and work, could engender a desire to return to a place where one is not lonely and is provided for in terms of food and accommodation.

c Present and Previous Convictions

Present convictions refer to the convictions for which the respondents were awaiting sentence at the time that the writer interviewed them. Previous convictions refer to those offences, if any, for which the respond-

ents had already been sentenced in court prior to their being interviewed.

Briefly, the data revealed that the respondents were mostly appearing on one or two current convictions which involved offences which could be seen as breaches of community or property relationships; they had largely been found guilty in magistrates' courts, and had previous convictions for which most had had the benefit of a community-based sentence.

71,4 Percent of the respondents were appearing on one current offence, and 20 percent on two. The remainder were appearing for three or more offences; it is noteworthy that 87,1 percent of the offenders had previous convictions. This group of respondents can thus safely be described as having antisocial tendencies. That so few first offenders were referred to probation officers in this sample, insofar as it reflects a pattern of referral by the courts, represents a means of placing such persons away from potential rehabilitative efforts when their antisocial behaviour has not become ingrained. Some 64 percent of the offenders had more than one previous conviction and the writer gains the impression that this sample was composed of people with definite social functioning

problems of some duration. The role of the probation officer in such cases would be limited to rehabilitation of clients with entrenched antisocial behaviour as opposed to the prevention of decline in persons relatively new to a deviant career.

The nature of the respondents' present convictions, according to Van Der Walt's (1964) classification, were largely breaches of community or property relationships. Community relationship breaches include such offences as drunkenness, drug offences and drunken driving and 50 percent of the respondents had been found guilty of such offences. Another 40 percent had been found guilty of property relationship breaches, that is, offences such as theft, housebreaking and robbery. The referral of persons guilty of community relationship breaches to probation officers appears sound as amongst these persons there will be those that require treatment for drug or alcohol dependency. Insofar as property relationship breaches are concerned, the high incidence of these offences in the sample is seen by the writer as being linked to their educational and employment statutes.

The respondents were all referred by the Magistrates' Courts for probation officers' reports. Not a single

request was made by the Supreme Court, the highest court of the land where the most serious offences are heard and where the heaviest sentences can be ordered. As it is clear from the Commission of Enquiry into the Structure and Functioning of the Courts (1983) that the Supreme Court has much criminal work, it appears that the potential contribution of the probation officer has not been exploited in these courts.

The results do not indicate that offenders are summarily institutionalized by sentencing officers; 81,4 percent had received community-based sentences for one or more of their previous offences. Only 5,7 percent had received only institutional sentences such as imprisonment.

When the data obtained under this heading are examined with a view to determining whether there is any interaction between it and the respondents' evaluation of the effect of institutions on them later in the schedule, then it seems that those respondents with more than six previous convictions more frequently rate the effect of institutions negatively than positively. Of the eleven respondents who had more than six previous convictions, seven rated the effect as harmful. A likely explanation is that a longer criminal career is

one which could be associated with periods of imprisonment which failed to rehabilitate or assist the offender.

d Institutional History

Under this section the factual data concerning the institutional histories of this group of respondents officially designated as antisocial was explored. 95,7 Percent, that is, all but three of the respondents, had been institutionalized before committing their present offence. This finding endorses the examination of institutionalization as a possible contributing factor in the genesis of antisocial behaviour. This finding is depicted in the following table.

TABLE 1:

NUMBER OF RESPONDENTS WHO HAD ATTENDED AN
INSTITUTION PRIOR TO COMMITTING THE PRESENT OFFENCE

WHETHER RESPONDENT HAD ATTENDED AN INSTITUTION	NUMBER OF RESPONDENTS
Yes	67
No	3

N (= Total number of respondents) 70

The rank order of attendance of the various institu-

tions is demonstrated by the following table. As a particular institution may have been attended by more than one respondent the column which refers to the number of respondents will not total 70.

TABLE 2:

RANK ORDER OF INSTITUTIONS ATTENDED BY
RESPONDENTS PRIOR TO COMMITTING THE PRESENT OFFENCE

RANK ORDER OF INSTITUTIONS ATTENDED	NUMBER OF RESPONSES
Police cells	44
Prison	31
Court cells	28
Rehabilitation centre for dependency problems	19
School of industries	18
Boarding school	18
Hospital	16
Mental hospital	12
Children's Homes	11
Place of safety for children	9
Psychiatric ward at a General Hospital	2
Reformatory	1
YMCA Hostel	1
S A Railway Hostel	1

N (= Total number of Respondents) 70

As demonstrated by Table 2, the institutions associated with the Criminal Procedure Act No. 51 of 1977 as amended, were most attended i.e. prisons, reformatory-

ies, police and court cells. Those institutions associated with Child Welfare were also regularly attended, however not to the extent of the so-called "punishment" institutions associated with statutory offenders, but more than those institutions associated with the treatment of drug, alcohol, general health and psychiatric problems.

When presenting the results concerning the institutional history of these respondents it is illuminating to deal with the various findings interaction with the rating of institutions effects on them made by the respondents later in the schedule. On comparing Table 2 in this manner to the rating it is noted that both negative and positive evaluations of effect were made about each institution. These evaluations were equally (for example) ascribed to prisons, police cells and court cells. This can be seen as underpinning some of the writer's feelings concerning institutions, that is, that irrespective of the institution concerned, factors preceding, coexisting with and following a period of institutional care mediate its effect.

These figures concerning the institutions attended by the respondents are lower than those obtained by Slabbert (1980) in her study of 500 discharged black

prisoners. 32,6 Percent of her respondents had been in children's homes as opposed to 15,7 percent in this study; 36 percent had been in schools of industries as opposed to 25,7 percent in this study, and 50 percent had been in reformatories compared to 1,4 percent in this study. These differences could, in part, be due to racial differences as well as due to the fact that all her respondents had been imprisoned and only 44,3 percent of the respondents in this study had been. Nevertheless, both Slabbert's group of persons who had evidenced antisocial behaviour and the respondents in this study have frequent institutionalization in common.

From Table 2 it is possible to calculate that each respondent, on average, attended 3,01 different institutions. This supports Slabbert's argument that one period of institutionalization is frequently followed by another.

The total amount of time that the respondents had spent in institutions was examined and is represented in Table 3.

TABLE 3:
TOTAL AMOUNTS OF TIME FOR WHICH RESPONDENTS WERE
INSTITUTIONALISED

TOTAL AMOUNT OF TIME INSTITUTIONALIZED	NUMBER OF RESPONDENTS
No time	3
Less than 6 months	16
Between 6 months and 1 year	11
Between 1 and 2 years	7
Between 2 and 3 years	6
Between 3 and 4 years	4
Between 4 and 5 years	2
Between 5 and 10 years	10
More than 10 years	11

N (= Total number of respondents) 70

Given the relative youth of the respondents these results are significant. 57,1 Percent of them had spent more than a year in institutions, and 30 percent had spent more than five years in institutions. When the results in Table 3 were compared with the respondents rating later in the schedule concerning the effect that institutions had on them, two tendencies were revealed. Firstly, negative evaluations of an institution's effect were made by three persons who had been institutionalized for less than six months. This is in accord with the contention of Rutter (1977) who found that the negative effects of institutions were as evident amongst children who had spent very short periods in an institution as amongst those who had

attended for much longer periods. Secondly, as the total amount of time spent in institutions increases, so the frequency of negative evaluations increases. Of the 27 respondents institutionalized for longer than three years, fourteen made negative evaluations as opposed to the four who made positive evaluations. The picture is reversed for periods of less than three years where, of the forty respondents institutionalized, twenty-two made positive evaluations and eight made negative evaluations. This highlights the premise that the length of institutionalization can be influential in the institution's effect and how the inmate views the institutionalization after discharge.

From Table 2 it was possible to calculate that each respondent had attended an average of 3,01 institutions. Walker's (1983) contention that reconviction rates of offenders increase with length or frequency of custody is supported hereby, in view of the record of previous convictions and average number of incarcerations of these respondents - which are frequently those associated with the Criminal Procedures Act. The evaluations by the respondents of the effects of institutions on them further support Walker in that as the number of institutions attended by the respondents

increased so the frequency of negative evaluations of effect increased. Of the thirty-one respondents institutionalized on more than five occasions, seventeen evaluated the effects as negative and five as positive. No such pattern existed for less than five separate periods of institutionalization. The suggestion is that frequency of institutionalization can be associated with the effect of institution.

The ages at which the respondents were institutionalized was elicited in the schedule. As the respondents were often institutionalized more than once, many were institutionalized at different ages. Table 4 nevertheless demonstrates the frequency of institutionalization at various ages of the respondents.

TABLE 4

FREQUENCY OF INSTITUTIONALIZATION AT VARIOUS AGES

AGE INSTITUTIONALIZED	NUMBER OF RESPONSES
Birth to one year	2
2 to 3 years	5
4 to 6 years	6
7 to 10 years	20
11 to 15 years	31
16 to 21 years	39
22 to 40 years	40
41 to 65 years	11

N (= Total number of respondents) 70

The age ranges utilized in Table 4 are broadly based on Stricklin's (1974) chart of personality needs and stresses at various developmental stages in the human life. The Table demonstrates that as age increases so institutionalization increases in frequency. One hundred and three institutionalizations took place before the respondents were 21 years old, i.e. before adulthood, as opposed to 51 institutionalizations thereafter. To the extent that institutions interfere with normal human development, as argued by Küpper-Wedepohl (1980), this finding is significant as the institutionalizations took place when the respondents were people who could be considered to be in formation.

Of the 102 institutionalizations which took place before the respondents were 21 years of age, 60 were experienced by those who evaluated the major overall effect of institutions as negative as opposed to only 19 being experienced by those who experienced the effect positively. This pattern is not repeated amongst those respondents over the age of 21 years and suggests that age at which institutionalized can be a factor associated with the effect of an institution.

The respondents were questioned in respect of the year they were institutionalized. Table 5 illustrates that

these episodes did not take place in the distant past. As any one respondent could have been institutionalized at more than one time in his or her life the figures in the table will not total to the number of respondents.

TABLE 5

PERIODS OF YEARS WITHIN WHICH
RESPONDENTS WERE INSTITUTIONALIZED

PERIODS OF YEARS	NUMBER OF RESPONSES
1940 to 1949	4
1950 to 1959	12
1960 to 1969	28
1970 to 1979	44
1980 to 1985	54

N (= Total number of respondents) 70

Table 5 reveals that the sample provides for an exploration of the effects of institutionalization some time after discharge, as well as after shorter periods of time. A pattern emerges when these findings are compared with the respondent's rating of the effects of institutions on them. Whereas both positive and negative evaluations are made in all the time periods, of the 44 institutionalizations which took place prior to 1970, 22 were experienced by respondents who had evaluated the overall effect of institutions to have been negative, as opposed to 11 being experienced by those who experienced institutions major overall effect

as positive. The same pattern is repeated over the period 1970 to 1979, but a similar amount of institutionalizations had been experienced since 1980 by those who had evaluated institutions effects as negative as opposed to positive. The higher proportion of institutionalizations pre-1980 amongst those who had evaluated institutionalization negatively can be seen as a function of the fact that the respondents would have been younger at the time of institutionalization. Further, these findings reveal that the problems and advantages of institutions are not ascribable to antiquated institutions of the past or to current sophisticated treatment programs.

The final area explored under this section involved the reason for the respondents being institutionalized, and the results are depicted in Table 6.

TABLE 6
REASONS WHY RESPONDENTS ATTENDED INSTITUTIONS

REASONS	NUMBER OF RESPONSES
Was prescribed by social worker in terms of a Court Order	2
Rehabilitation Court Order	6
Children's Court Order	24
Went voluntarily	25
Adult Criminal Court Order	33
Under arrest in police or Court Cells	62

N (= Total number of respondents) 70

Given that any one respondent may have been institutionalized many times in various institutions for the same reason, the Table does not reflect the number of times the sample as a whole were institutionalized; each reason was only recorded once for the purposes of the table, irrespective of how many times the respondent was institutionalized for that reason.

Table 6 reveals that the respondents were by and large institutionalized by statute. Only 25. i.e. 35,7 percent had attended institutions voluntarily, whereas 88,6 percent had been institutionalized following arrest; 47,1 percent via adult criminal courts; 34,3 percent via the Children's Court; 8,6 percent via a Rehabilitation Court. These findings validate the respondents as a useful sample for exploratory research with a view to examining the implications for statutory social work.

Irrespective of the reason for institutionalization, both negative and positive evaluations were made of that institution's effect later in the schedule. Of the 33 institutionalizations as a result of a criminal court order, however, 16 were experienced by those who viewed the effects as negative as opposed to the 9 by those who viewed the effects positively. Similarly, of

the 24 persons institutionalized via the Children's Court, 14 were experienced by those who deemed it positively. The suggestion is that institutionalization by statute is a possible contributing factor to a negative evaluation of the effects of institutions.

Table 6, as a whole, is interpreted by the writer that irrespective of the reason for institutionalization, other factors in the process of institutionalization e.g. preparing the inmate and his family for admission as well as gaining their cooperation with admission are overriding determinants in the outcome on the effect of institutionalization.

e Institutional Experiences

Whereas the section on Institutional History deals with the factual data concerning the respondents institutionalized, this section was aimed at the respondents subjective and personal opinions about the effects of institutions on them and others.

The first question put to the respondents required them to rate the major overall effect on them in respect of having spent time in institutions. These results are depicted in Table 7

TABLE 7

RESPONDENTS' RATING OF THE MAJOR
OVERALL EFFECTS OF INSTITUTIONS ON THEMSELVES

MAJOR OVERALL EFFECT	NUMBER OF RESPONDENTS	PERCENTAGE
Very harmful	3	4,3
Harmful	25	35,7
Neutral	1	1,4
Helpful	22	31,4
Very helpful	2	2,9
Both helpful and harmful	7	10,0
Other	10	14,3

N (= Total number respondents) 70

These results demonstrate the validity of the research question that institutionalization can be explored as a possible contributing factor in both antisocial and productive, prosocial functioning. For example, 40 percent of the respondents evaluated the effects as harmful or very harmful whereas a similar percentage, i.e. 34,3 percent, evaluated the effects as helpful or very helpful. A further 10 percent evaluated that the major overall effects were both positive and negative i.e. included major overall helpful and harmful effects.

As the spread of harmful and helpful evaluations are so even, the results depicted in Table 7 provide a good

basis to explore the factors involved in making a period a positive or negative experience. To this end the respondents had been asked to comment on their evaluations of the effects, as well as to give their major reasons why such effects had occurred. For the purposes of clarity the reasons for the helpful and harmful effects will be considered separately. In discussing the reasons, those who rated the major overall effect as very harmful and harmful will be dealt with as one group, and those who rated very helpful and helpful as another single group.

In Table 8 the reasons given by the respondents for rating the major overall effects of institutions on them as harmful or very harmful are presented. As certain respondents had attended more than one institution, and as the different institutions may have had harmful effects for different reasons, the number of respondents column will not total to the amount of respondents in this group i.e. 28. This is true also for Table 9, which delineates the helpful or very helpful effect reasons, wherein there were 24 respondents.

TABLE 8

REASONS RESPONDENTS GAVE FOR RATING THE MAJOR
OVERALL EFFECT OF THE
INSTITUTIONS ON THEM AS HARMFUL OR VERY HARMFUL

REASONS GIVEN FOR VERY HARMFUL AND HARMFUL MAJOR OVERALL EFFECT	NUMBER OF RESPONSES
Felt did not belong in the institution	1
Was resistant to help	1
Did not want to go to the institution	1
Became uncaring as was institutionalized	1
Made me less able to communicate when left	1
Limited social skills' development	1
Treatment not directed towards adjustment on release	1
Basic problem was not treated	1
Intimidation by other inmates	1
Family rejected on release	1
Harsh discipline led to reject authority	2
Felt ashamed to be in the institution	2
Depersonalizing routine experienced	3
Disrupted life chances such as education, work and relationships	3
Denied family life or distanced from significant other	4
No work or accommodation on release	5
Learned antisocial behaviour	11

There were 28 respondents in this sub-group

N (= Total number respondents) 28

In Table 9, on the other hand, the reasons given by the respondents for rating the major overall effect of institutions on them as helpful or very helpful, are presented. There were 24 respondents who made such ratings.

TABLE 9

REASONS RESPONDENTS GAVE
FOR RATING THE MAJOR OVERALL
EFFECT ON THEM AS HELPFUL OR VERY HELPFUL

REASONS GIVEN FOR VERY HELPFUL HELPFUL MAJOR OVERALL EFFECT	NUMBER OF RESPONSES
Avoided being exposed to negative family influences	1
Provided accommodation	1
Had someone to talk to	1
Improved behaviour	1
Made change mind about lifestyle	1
Learn discipline	1
Helped temporarily avoid alcohol abuse	1
Gained education	2
Deterrent to further offences	7
Treatment helped problem	10

There were 24 respondents in this group

N (= Total number respondents) 24

The reasons given in Table 8 validate the criticisms of institutions, whereas Table 9 validates the claim of the countermovement which argues that institutions can be helpful. All the reasons given in Table 8 concerning why institutions were negative in effect can be categorized under the four major criticisms of institutions, that is: that they can interfere with "normal" human development and functioning; that experiences during institutionalization can create or exacerbate personal pathology; that the rules and regulations of

an institution can take precedence over treatment goals; and that adjustment to an institution is not always a preparation for life outside of an institution. For the purposes of this study, that the greatest single reason given was anti-social behaviour such as new crimes being learned, this is taken as further support of the tenet that institutionalization can legitimately be investigated as a possible contributing factor to antisocial behaviour. Table 9, however, reveals that the very criticisms of institutions can become their advantages. All the reasons given can be interpreted as meaning that institutions can facilitate "normal" human development and functioning; decrease personal pathology; that treatment can facilitate positive part-discharge functioning in the community. That institutionalization acted as a deterrent to antisocial behaviour and that treatment decreased personal pathology were the most frequently cited reasons also validates examining institutionalization as a possible contributing factor to adjustive and positive behaviour in this study.

It may strike the reader as contradictory that the respondents in Table 9 refer to the deterrent effect of institutions as a reason why this experience was helpful, particularly in view of the fact that they

were appearing on a further criminal charge at the time of interviewing. By way of explanation, more than one respondent pointed out that the period of institutionalization had deterred similar offences. In the writer's view, the respondents were referring to the inhibiting effect that having been incarcerated had on their willingness to commit an offence, whether this inhibition was successful or not.

A more sophisticated analysis of the reasons given for the effects is illuminating, and will be presented by the writer. By placing the reasons given for both positive and negative effects within the framework of the process of institutionalization from pre-admission to after discharge, an explanatory framework is generated to account for the different effects. The basic argument here is that if the process elements or the writer's literature-based guidelines of institutionalization are present, and of quality, then the outcome will tend to be positive. If some or all of the process elements are absent, or present but of a poorer quality, then the outcome will tend to be negative. The various process elements in institutionalization have been described by the writer in the chapter on institutionalization. The results depicted in Table 8 and 9 will be discussed within the framework of these

process elements, and will be seen to validate them as possible contributing factors to the outcome of institutionalization.

Process element 1:

Preparing and gaining the cooperation of the inmate and his family for admission

Respondents who rated the effects as negative as they felt that they did not belong in the institution or felt ashamed to be in the institution, were resistant to help or did not want to go to the institution, might have benefited had this process element received diligent attention. Paradoxically, those incarcerated against their will and probably without warning, such as those placed in police cells on arrest, probably benefited from the absence of this process element.

Nevertheless, this shocking trauma was effective in that it avoided this process element and thus this does not invalidate it as essential. The deterrent value was rooted, in part, in that this desirable and facilitating process element will be discarded if one commits an offence and is arrested as a consequence.

Process element 2:

Actively treating inmates during their stay at the institution.

Ten respondents who had found the effect helpful referred to the treatment of their problems as the basic reason. One respondent cited the lack of treatment as the reason why the effect was not helpful. An active treatment of the basic problems of the institutionalized appears to be a sound practice in order to ensure a positive outcome after institutionalization.

Process element 3

Ensuring that the treatment in the institution prepares the inmate for life outside the institution.

Being deterred from future offences after discharge, gaining educational skills, learning discipline, being provided an opportunity to reflect on one's behaviour so as to plan otherwise, and being enabled to improve one's behaviour are all reasons cited by the respondents for a positive effect.

These reasons relate to their being prepared for life outside the institution. However, when inmates are

rendered less able to communicate on release, when their social skills development is impeded, when their life chances are disrupted, and when their treatment is not geared towards their adjustment post release - then a negative outcome can occur. Such reasons were given by respondents who experienced the overall effect as negative, and this validates this process element as a possible contributing factor to the outcome of institutionalization.

Process element 4:

Ensuring that the rules and regulations of the institution do not take precedence over the treatment goals of the institution.

Respondents who isolated harsh discipline and depersonalizing routine as the reason for a negative effect may well have been subjected to an institutional regime where treatment goals were subservient to the smooth running of the institution.

Processing element 5:

Staff at the institution must cooperate in achieving therapeutic goals.

One respondent cited having someone available to talk to as the reason for a positive effect. Besides this, the results did not support this process element as a possible contributing factor to the outcome of institutionalization - although it appears theoretically sound. For instance, if a staff member at a drug rehabilitation centre provides drugs to inmates, this would be counterproductive to the treatment goals.

Process element 6:

Involve significant others in the inmates treatment.

Four respondents cited that they had been denied family life, rejected by family, or had been distanced from significant others as the reason for a negative effect. One respondent saw his distancing from the negative effects of his family as the reason for a positive effect. Collectively, these respondents demonstrate the importance of a treatment plan which takes cognizance of the inmate's family or significant others.

Process element 7:

Inter-inmate forces must be taken into account in the treatment plan.

One inmate was intimidated by other inmates and several learned antisocial behaviour from them. Unless these inter-inmate forces are taken into account in the treatment program, the outcome can be negative. Ideally, the inmates should not reinforce antisocial behaviour in one another.

Process element 8:

Pre-release planning must be undertaken.

This element is linked strongly with aftercare. Merely releasing a person from an institution with no planning having been done about place of abode, work or social support systems can result in a negative outcome. Five respondents cited having no work or accommodation following discharge from an institution as the reason for a negative effect. If these are planned for in advance, then the gains made in the institution can be cemented via aftercare under stable conditions. This can result in an overall positive effect of the institutionalization.

Process element 9:

Aftercare must be undertaken.

This has been discussed above, but must be seen as a separate process element as even if pre-release planning has not been undertaken aftercare can facilitate the released person's adjustment in the community.

In summary, if attention is given to these process elements so as to ensure their presence at a level of some quality, then the positive potential of institutions can be realized. If all or some are absent, or are present at any inferior level of quality, then the negative potential of institutions can emerge. These process elements have definitely been validated as possible contributing factors in the effect of institutions.

A further question put to the respondents concerned whether they considered the effects of institutions to have persisted to the date that they were interviewed by the writer. Table 10 represents their responses.

TABLE 10

PERSISTENCE OF EFFECTS OF INSTITUTIONS
TO DATE INTERVIEWED

WHETHER INSTITUTIONS' EFFECTS PERSISTED	NUMBER OF RESPONDENTS
Yes	58
No	8
Cannot say	1
Attended no institution	3

N (= Total number respondents) 70

That 82,9 percent of the respondents as a group were able to state positively that the effects of institutions persisted until the time they were interviewed by the writer, suggests that institutionalization is a possible contributing factor in the genesis of anti-social behaviour. The writer draws the reader's attention to the fact that prior to the date they had been interviewed, they had committed criminal offences. It follows then that the effects of institutions were operative at the time that the offences were committed.

Walker's (1983) question about whether the effects of institutions are lasting is hereby answerable in the affirmative. Concerning his query concerning whether they are permanent, the implications of these findings are that this is not necessarily so. Eight respondents believed that the effects had not persisted.

Both positive and negative effects persisted. For example of those 28 respondents who rated the overall effects of institutions as helpful or very helpful only four stated that the effects did not persist. Amongst the 24 respondents who had rated the overall effect as harmful or very harmful only two stated that the effects had not persisted. As a consequence, all the effects noted in Tables 8 and 9 persisted.

At this point in the interview schedule the respondents were asked to give their opinions on whether they thought that a period of institutionalization could lead to antisocial or criminal behaviour in the community, as well as to state whether any other factors, besides their institutionalizations, had contributed to their committing their present offences. In other words, these two questions were aimed at validating institutionalization as a possible contributing factor in antisocial behaviour at the same time as placing this contribution within the context of other variables which may operate before, during or after the institutionalization. The results are depicted in Tables 11 and 12.

TABLE 11

RESPONDENTS' BELIEFS CONCERNING WHETHER
INSTITUTIONALIZATION COULD LEAD TO ANTISOCIAL
OR CRIMINAL BEHAVIOUR IN THE COMMUNITY

BELIEF	NUMBER OF RESPONDENTS
Yes, it can	51
No, it cannot	11
Other	8

N (= Total number of respondents) 70

That some 72,9 percent of the respondents answered that a period of institutionalization could lead to anti-

social behaviour supports examining this factor as a possible contributing factor to antisocial behaviour. Table 12, however, places the interpretation of this finding within the context of other variables. As will be demonstrated, the respondents unanimously agreed that other factors, besides institutionalization, also contributed to their present offences.

TABLE 12

WHETHER RESPONDENTS ATTRIBUTED
THEIR PRESENT CONVICTIONS TO OTHER FACTORS
BESIDES INSTITUTIONALIZATION ONLY

BELIEF	NUMBER OF RESPONDENTS
Yes, other factors operated	69
No, no other factors operated	0
Other (no reply).	1

N (= Total number of respondents) 70

Clearly, institutionalization was but one possible contributing factor to the antisocial behaviour. Table 13 represents the reasons given by the respondents.

TABLE 13

OTHER CONTRIBUTING FACTORS BESIDES
INSTITUTIONALIZATION CITED BY RESPONDENTS
CONCERNING THEIR PRESENT CONVICTIONS

FACTORS	FREQUENCY REASON STATED
Drug or alcohol abuse	41
Psychiatric or personal problems	16
Influence of friends	6
Needed money	4
Relationship/Marital problem	3
Nothing specific	3
Loneliness	2
Many things, own stupidity, no accommodation, bad luck, victim- ised by police, situational, do not know, deliberate to be caught	1

N (= Total number respondents) 70

As any one respondent may have cited more than one reason, the frequency of reasons will not total the number of respondents in Table 13. This table illustrates the wide variety of factors which can contribute to the commission of an offence, although the personal pathologies of the respondents are most frequently cited e.g. psychiatric, drug or alcohol problems. This result may be in part due to the respondents constructing their defences prior to being sentenced.

Table 13 does not invalidate institutionalization as an indirect contributor to the respondents' other reasons, besides institutions, as the contributor to their current convictions. It is possible, in the writer's view, that institutionalization contributed to anti-social behaviour such as drug abuse, which abuse in turn contributed to the current offence. Nevertheless, the table indicates that other factors besides institutionalization, and which may operate before, during or after a period in any institution, are also possible contributing factors to antisocial behaviour.

f Personal and Family Background

Within this section the questions were aimed at determining whether the parents or children of the respondents had been institutionalized. The writer wished to explore whether there was a cycle, as suggested by Slabbert (1980), of institutionalization over generations. This group of respondents cannot be described in these terms. This could in part be due to the fact that 67,1 percent of the respondents had no children, and thus the possibility exists that in the future, their children will be institutionalized to a large extent.

g Current Functioning

In this section of the schedule the respondents were asked to rate their lives in terms of how problem free they were, besides the fact that they were appearing in court on criminal convictions. The purpose was to examine to what extent other problems were present in their lives. 55,7 Percent of the respondents rated their lives as seldom or never problem free. Only one respondent stated that besides the current offence his life was always problem free.

The results are not seen as significant. The question was included largely as a screening method to enable the writer to isolate relevant factors pertinent in the compilation of a probation offer's report. These results then, with the respondent's consent, were conveyed to the relevant probation officer.

CONCLUSION

It can be concluded that it is valid to consider institutionalization as a possible contributing factor in anti-social as well as adjustive behaviour. The factors that determine whether the result of the institutionalization will be positive or negative appear to be dependent on, inter alia, the process elements involved in institution-

alization - such as preparation for admission, active treatment of the inmate and his family which prepares both for his return, and effective aftercare. Such process elements, as outlined in this chapter and in the theoretical chapter on institutions, must ideally be present and of a satisfactory quality in order to realize the positive potential of institutions. These guidelines for institutionalization have been developed by the writer from a literature study.

Although the process elements in institutionalization appear to be the major explanatory tool in explaining the effects of an institution, other general patterns which relate to the institutionalized also appear very relevant. Those who are institutionalized younger, more frequently, longer and via statute, for instance, tended to more frequently rate the effects of institutions negatively in this study.

The effects of institutions appear to be lasting, and the possibility that they influence antisocial behaviour over and after a period of time is possible.

Finally, institutionalization appears to be only one of the contributing factors to antisocial behaviour. Other variables are acting prior to, during and after a period of institutional care, as well as in the absence of institu-

tional care, to generate antisocial behaviour. The relative importance of institutionalization as a contributing factor will thus vary from person to person. Blanket pronouncements about institutionalizations effects are inappropriate.

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CHAPTER SEVEN

IMPLICATIONS OF THE STUDY

INTRODUCTION

The results of this study support the contention that statutory social work in South Africa must urgently address the need for developing a scientifically researched knowledge base for practice, develop community-based alternatives to institutionalization and participate in institutional reform. These are the major overriding implications of this study.

At the level of research the effects of institutions, and how these become operational is in need of scientific attention. The effectiveness of the community-based alternatives require investigation, as well as their relative value in comparison with the available institutional options. Conclusiveness and clarity are generally absent in this field of study.

As the current stage of development of the knowledge concerning the effects of institutions implies that they can

be possible contributing factors to antisocial behaviour, and that community-based management lends itself to certain advantages, community-based options can be considered the treatment of choice in statutory social work. This has relevance for the development of the scope and sophistication of the community-based services.

Where institutionalization is indicated, this experience must prepare the inmate for functioning in the community after his release. His needs as a member of the community must never be subjugated or ignored in the process of institutionalization. Guidelines herefor have been developed by the writer following a literature survey and these have been supported by the findings in this study.

The discussion in this chapter will address these major implications insofar as they relate to statutory social work in South Africa.

IMPLICATIONS FOR FUTURE RESEARCH

The relative importance of institutionalization as a contributing factor in antisocial behaviour as compared to other contributing factors requires further exploration. The fact of having been in an institution appears to be but one of the possible contributing factors. Other variables can act

prior to, during, and after a period of institutional care. The relative importance of institutionalization can thus vary. The variety of types of people institutionalized, and the types of institutions are further influential variables.

Although the writer has developed guidelines which attempt to explain the why and how of effects, a model requires development and validation which will take into account the plethora of factors impinging, for example, on different individuals from dissimilar backgrounds in different institutions. The writer's guidelines in this regard do not clarify, inter alia, the relative protective or disruptive value of the presence or absence of specific process elements and other independent variables on institutional outcome.

The area is a complex one to research particularly when a causal link is sought between criminal behaviour and institutions. Prins (1982), who is referring to the study of causes of crime states:

"If we learn anything at all from our study of the problem and particularly from what sociologists have to tell us, it is that crime is due to a complex combination of factors and that we are quite unable to pinpoint them at all clearly..."
(1)

The guidelines developed by the writer are nevertheless

an organizing framework from which further research can proceed. They require further clarification and confirmation but offer the possibility of explaining the outcome, in psychosocial functioning terms, of a period in an institution. Prior to this the literature has not been organized or synthesized in any similar manner but rather has been composed of contradictory viewpoints which were either pro- or anti-institutions.

It is considered by the writer that future research most appropriately accepts the philosophy utilized in this study, that is that it addresses questions which are derived from an acknowledgement that institutions are necessary for some people and that institutions will be in society for the foreseeable future. Examples of such questions would be whether there should be a reduced use of institutions for specific client groups e.g. offenders, and how it is possible to maximize the adaptive effect of institutions. That this study confirmed that institutions were helpful to certain respondents, underlines both the contention that constructive, practice-orientated and scientific research is indicated as well as that for some, institutions can have a desirable effect.

This study has confirmed that there are certain potential negative outcomes associated with institutionalization.

It has been further demonstrated from the literature that management of statutory social work clients in the community has rationale in that it lends itself to certain advantages, for it is the community which could have contributed to his criminality and to which he would have had to return following institutionalization. It is on these two above assertions that the preference for community-based management of clients is based.

However, the relative effectiveness of institutionalized versus community-based options has not been dealt with in the empirical section. This is an area that the writer's literature survey identifies as an unresolved question. According to Rutter and Giller (1983) no significant difference in the relative effectiveness of these management options with specific relevance to the field of corrections has been demonstrated.

The implication that further research is required with regard to the relative effectiveness of institutional and community-based options introduces this study's implication for the frequency of use of these options.

As writers such as Giller and Morris (1981) and Fox (1982) have illustrated, social work decision-making is not only a scientific exercise, but also involves subjective

value-based elements. The current stage of development of the knowledge base concerning institutions being weak, suggests that statutory social workers have been largely guided by their own philosophies or agency practice guidelines about when institutionalization is appropriate. Research can contribute to scientifically based practice guidelines, and reduce the hazards inherent in subjective approaches to decision-making.

At a practical level social work training at university level and in-service training programs of social work agencies must cover the current status of knowledge about the theory of institutions. Social workers need to be made aware that circumspection must be applied when institutionalization is being considered, until research has clarified the issues.

IMPLICATIONS FOR THE PREFERENTIAL USE OF COMMUNITY BASED MANAGEMENT OPTIONS IN STATUTORY SOCIAL WORK

Statutory Social Work legislation involves options which are on a continuum of community and institution based. This study supports the contention that what is known about the effects of the various options implies that as institutions can create antisocial behaviour, and as that according to writers such as Smith and Hobbs (1969) and Küpper-Wedepohl

(1980), management in the community lends itself to certain advantages, community-based options must be considered the treatments of choice.

The finding in the study that the effects of institutions appeared to be lasting and can influence behaviour over and after a period of time, strengthens the argument in favour of community-based options being explored prior to institutions being utilized.

With regard to Child Welfare, this implies that options of the order of counselling, psychotherapy, and foster care are to be explored prior to institutions being considered. Certainly, this study stresses the importance of this with younger children in particular. As the writer illustrated in the chapter on Statutory Social Work in South Africa, clinician's such as Tomlinson and Peters (1981) have developed effective programs so as to avoid the placement of children.

With substance dependants the option of postponed committal to a rehabilitation centre under supervision of a social worker who co-ordinates community-based treatment, presents itself as the treatment of choice. As Thomas (1979) revealed, radical revision of treatment programs in rehabilitation centres are necessary before this option can

compete in desirability with the community-based treatment of a postponed order.

In South Africa there is a preference for the community-based treatment of psychiatric problems. Gillis (1980) has discussed that the State has as its policy to treat patients in the community wherever possible and that to this end extensive community services have been set up all over the country. This study implies that the approach outlined by Gillis is sound and in general supports the concepts of de-institutionalization. At least, unnecessary admission to institutions, the avoidance of unnecessary delay concerning discharges and the development of alternatives in the community for the treatment of the mentally disabled are priority considerations in this field.

In South Africa the overriding considerations with offenders involve the need to reduce the size of the prison population and the need to develop community-based alternatives to imprisonment. Krugel (1984) has outlined these alternatives. Included in his list are the options of an offender rendering a service to the community and being placed under supervision of a probation officer. In the writer's clinical experience, and in accord with Küpper-Wederpohl (1980), these alternatives can be endorsed as viable.

At a practical level the demands on Social Work manpower are already great, according to Küpper-Wederpohl (1980). In order to implement extended and effective community-based management, manpower will have to be generated. In certain instances the use of volunteers could resolve this problem. Further, the training of social workers will need to incorporate the development of skills in this form of management.

IMPLICATIONS FOR PRACTICE WHEN INSTITUTIONALIZATION IS INDICATED

It is in accord with the literature on institutions that institutionalization is at times appropriate. This study has supported the tenet that institutions can have a positive, helpful, and adaptive effect. In synthesising the literature on institutions the writer has developed guidelines for practice which engender the adaptive outcomes when institutionalization is indicated. Further, they provide specifics to be dealt with in the reform of institutions.

Nine process elements or guidelines are identified. The term process is utilized because the issues fall on the continuum from pre-admission to aftercare. This study supports the validity of these guidelines, which are, for the sake of clarity, listed hereunder:

- preparing and gaining the cooperation of the inmate and his family for admission
- actively treating inmates during their stay at the institution
- ensuring that treatment in the institution prepares the inmate for life outside the institution
- ensuring that the rules and regulations of the institution do not take precedence over the treatment goals of the institution
- staff at the institution must cooperate in achieving therapeutic goals
- involving the inmate's significant others in the treatment program
- taking into account inter-inmate forces in the treatment plan
- undertaking pre-release planning; and
- undertaking aftercare

Where these guidelines were deviated from, as this study suggests, antisocial, negative and unwanted effects might emerge. The onus is on the statutory social worker,

insofar as this falls in his sphere of influence, to ensure that these process elements are adhered to. In addition to this, when evaluating the desirability of a specific institution in the treatment of a client, the presence of these process elements within the institution should serve as a yardstick of the suitability of that institution.

The writer advocates the conceptualization of institutionalization as a process which has as its goal the adaptive reintegration of the inmate into the community following discharge. Such an approach appears to offer promise of the sound use of institutions. As has been discussed in the theoretical chapters in this thesis, the literature abounds with support for this viewpoint with the institutionalization of the major statutory social worker client groups.

In order to give effect to these guidelines the cooperation of staff in institutions must be obtained. In-service training concerning their importance is a solution to this problem.

Should these guidelines be further clarified and confirmed by later research, their incorporation in the statutes defining the rôle of the social worker and the

institution in the management of the various client groups could ensure their application. To some extent this is already a reality. For instance, aftercare is statutorily undertaken with people released from children's homes, schools of industries, reformatories, rehabilitation centres, and, in some cases, prisons. Nevertheless, there are many instances where this is not a reality, particularly following imprisonment. In the interim therefore, the statutory social worker, whose rôle frequently makes the client accessible pre, during, and after a period of institutional care, should strive to compensate for this lack.

At a practical level, prior to a child, substance dependant, psychiatric patient, or offender being institutionalized, they should be effectively prepared for admission; such preparation being undertaken in conjunction with the institution. Thereafter active therapeutic services must be rendered with a view to reconstructing the inmates' relationships with his significant others. For this purpose geographically isolated institutions are undesirable. Adequately trained staff, including professional mental health practitioners will be needed, who will cooperate with professional and other resources in the community. Finally, the release of the inmate should follow consultation with the extra-institutional resources who will continue to render aftercare.

CONCLUSION

In South Africa the statutory framework for managing the major client groups encountered in statutory social work practice provides for community-based and institutional management options. This study encourages the preferential use of community-based alternatives but acknowledges that institutions are, at times, necessary and helpful. In this framework, guidelines for institutional reform and the sound use of institutions have appropriately been developed. These guidelines require further clarification and verification, and their relative impact in relation to other independent variables operating on the outcome of institutionalization needs exploration.

CHAPTER NOTES

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APPENDIX I INTERVIEW SCHEDULE

Page 1

INTERVIEW SCHEDULE

A INTRODUCTORY STATEMENT

B COVER SHEET

CARD NUMBER	1	(1)
1 Document number (for office use only)		(2-5)
2 Agency file number.....		
3 Interviewer.....		
4 Date of completion		

Dec/84	Jan/85	Feb/85
Mar/85	Apr/85	May/85

1	2	3
4	5	6

5 Duration of interview	1	
- less than 30 minutes		
- less than 60 minutes, more than 30 minutes	2	
- more than an hour	3	(7)
6 Sources utilized in completion	1	
- interview with respondent	2	(8)
- other (state) as well as interview with respondent		
.....		
.....		
7 Place of interview		
- Agency office	1	
- police cells at police station (state which)	2	
.....		

APPENDIX I INTERVIEW SCHEDULE

Page 2

7 Place of Interview (continued)

- cells at Court (state which).....	3	
- prison (state which).....	4	
- respondent's home	5	
- an office at Court (state which).....	6	
- place of safety (state which).....	7	
- other (describe).....	8	(9)

C IDENTIFYING INFORMATION

1 Sex

- male	1	
- female	2	(10)

2 Age in years

- 0 - 18	1	
- over 18 but under 21	2	
- 21 - 30	3	
- 31 - 40	4	
- 41 - 50	5	
- 51 - 60	6	
- 61 - 70	7	
- over 70	8	(11)

3 Date of birth.....

4 Marital status at present

- single	1	
- married	2	

APPENDIX I INTERVIEW SCHEDULE

Page 3

4 Marital status at present (continued)

- divorced 3
- separated 4
- widowed 5
- remarried after spouses death 6
- remarried after divorce 7 (12)

5 With whom do you currently live?

- alone 1
- with partner 2
- with friends 3
- with family 4
- other (describe)..... 5 (13)

6 Highest standard passed at school

-Std 5	Std 5	Std 6	Std 7	Std 8	Std 9	Std 10			

1	2	3	4	5	6	7	(14)		

7 Highest educational level attained (describe)

-
-
- some university training 1
- undergraduate degree/diploma 2
- post graduate degree 3
- technical training 4
- other 5 (15)

APPENDIX I INTERVIEW SCHEDULE

Page 4

- 8 Are you currently employed?
- yes 1
 - no 2 (16)
- 9 What is your current occupation (describe)
-
-
- professional 1
 - managerial 2
 - clerical 3
 - technical 4
 - manual 5
 - secretarial 6
 - housewife 7
 - student/scholar 8
 - other 9 (17)

D PRESENT AND PREVIOUS CONVICTIONS

- 1 Describe the conviction(s) for which you are at present awaiting sentence i.e. current conviction(s)
- (a)
 - (b)
 - (c)
 - (d)
 - (e)
 - (f)
 - (g)
 - (h)

APPENDIX I INTERVIEW SCHEDULE

Page 5

* 2 Number of current conviction(s)

1 2 3 4 5 6 7 7+

1 2 3 4 5 6 7 7+

(18)

3 Classification of current conviction(s)
in terms of social relationships

Yes No

(a) religious (e.g. profanity) 1 2 (19)

(b) political (eg riots, illegal
gatherings) 1 2 (20)

(c) public authority (eg escape
from custody, perjury) 1 2 (21)

(d) community (eg drunkenness, drug
offences, begging, traffic
offences) 1 2 (22)

(e) family (eg child abuse, bigamy) 1 2 (23)

(f) interpersonal (eg murder, assault) 1 2 (24)

(g) property (eg theft, housebreaking) 1 2 (25)

(h) sexual (eg rape, prostitution) 1 2 (26)

4 In which Court were you found guilty (i.e. convicted)
in respect of the offence(s) you are waiting to be
sentenced for and are undergoing pre-sentence social
work investigation for (i.e. current conviction(s))

- supreme 1

- regional 2

- magistrate 3

- juvenile 4 (27)

APPENDIX I INTERVIEW SCHEDULE

Page 6

- 5

Do you have any previous convictions? (i.e. convictions for which you have already been sentenced and which were committed before your current conviction(s))

- Yes

1

- No

2

(28)
- 6

If yes to 5, describe these previous convictions(s)

1

.....

9

.....

2

.....

10

.....

3

.....

11

.....

4

.....

12

.....

5

.....

13

.....

6

.....

14

.....

7

.....

15

.....

8

.....

16

.....
- 7

How many previous convictions do you have?

0

1

2

3

4

5

6

7

8

9

10

11

12

13

14

more than 14

0

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

(29-3
- 8

Which of the following sentences/decisions have you already received in respect of your previous conviction(s)?

(a)

referred to children's court

Yes

No

1

2

(31)

(b)

referred to rehabilitation court

1

2

(32)

(c)

death penalty

1

2

(33)

(d)

imprisonment

1

2

(34)

(e)

declared habitual criminal

1

2

(35)

(f)

reformatory

1

2

(36)

APPENDIX I INTERVIEW SCHEDULE

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8 (Continued)

(g)	rehabilitation centre	1	2	(37)
(h)	mental hospital	1	2	(38)
(i)	fine	1	2	(39)
(j)	whipping	1	2	(40)
(k)	suspended sentence without conditions (whole of sentence suspended)	1	2	(41)
(l)	suspended sentence with conditions (part of sentence suspended)	1	2	(42)
(m)	suspended sentence with conditions (whole of sentence suspended)	1	2	(43)
(n)	suspended sentence with conditions (part of sentence suspended)	1	2	(44)
(o)	postponement of sentence un- conditionally	1	2	(45)
(p)	postponement of sentence on certain conditions	1	2	(46)
(q)	periodic imprisonment	1	2	(47)
(r)	placed under supervision of probation officer	1	2	(48)
(s)	placed in custody of suitable person	1	2	(49)
(t)	discharged with caution or repremand	1	2	(50)
(u)	community service order	1	2	(51)
(v)	attendance of Alcohol Safety School	1	2	(52)
(w)	other (describe)	1	2	(53)

APPENDIX I INTERVIEW SCHEDULE

Page 8

9 Taken all together, how would you describe the sentences you said you received in replying to question 8 according to the following scale?

- totally community based (i.e. did not have to go to any institution) 1
- totally institutional based 2
- a mixture of community based and institutional 3
- other 4

APPENDIX I INTERVIEW SCHEDULE

Page 9

E INSTITUTIONAL HISTORY

1 Before your current offence(s) had you spent time in any of the following institutions or institutional settings?

	Yes	No	
(a) a prison	1	2	(55)
(b) a reformatory	1	2	(56)
(c) a school of industries	1	2	(57)
(d) a children's home	1	2	(58)
(e) a place of safety for children	1	2	(59)
(f) a place of detention for children	1	2	(60)
(g) a mental hospital	1	2	(61)
(h) a psychiatric ward	1	2	(62)
(i) a rehabilitation centre for alcohol problems	1	2	(63)
(j) a rehabilitation centre for drug problems	1	2	(64)
(k) an observation centre	1	2	(65)
(l) a place of detention for adults	1	2	(66)
(m) in police cells	1	2	(67)
(n) in court cells	1	2	(68)
(o) hospital	1	2	(69)
(p) boarding school	1	2	(70)
(q) none of above	1	2	(71)
(r) other (describe).....	1	2	(72)

APPENDIX I INTERVIEW SCHEDULE

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- 2 (a) Name the institutions you spent time in
eg Pollsmoor Prison, St Michael's Home
- (b) in the ORDER you attended them
- (c) if you attended any institution more
than once please indicate this

1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

APPENDIX I INTERVIEW SCHEDULE

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CARD NUMBER

2 (2-5)

Document Number

3. Approximately how old were you (years) when you spent time in each institution/institutional setting (NB keep order of attendance correct according to E2)

Institution	0-1	2-3	4-6	7-10	11-15	16-21	22-40	41-65	65+

1.....	1	2	3	4	5	6	7	8	9 (6)
2.....	1	2	3	4	5	6	7	8	9 (7)
3.....	1	2	3	4	5	6	7	8	9 (8)
4.....	1	2	3	4	5	6	7	8	9 (9)
5.....	1	2	3	4	5	6	7	8	9 (10)
6.....	1	2	3	4	5	6	7	8	9 (11)
7.....	1	2	3	4	5	6	7	8	9 (12)
8.....	1	2	3	4	5	6	7	8	9 (13)
9.....	1	2	3	4	5	6	7	8	9 (14)
10.....	1	2	3	4	5	6	7	8	9 (15)
11.....	1	2	3	4	5	6	7	8	9 (16)
12.....	1	2	3	4	5	6	7	8	9 (17)
13.....	1	2	3	4	5	6	7	8	9 (18)
14.....	1	2	3	4	5	6	7	8	9 (19)
15.....	1	2	3	4	5	6	7	8	9 (20)
16.....	1	2	3	4	5	6	7	8	9 (21)
17.....	1	2	3	4	5	6	7	8	9 (22)
18.....	1	2	3	4	5	6	7	8	9 (23)
19.....	1	2	3	4	5	6	7	8	9 (24)
20.....	1	2	3	4	5	6	7	8	9 (25)

APPENDIX I INTERVIEW SCHEDULE

Page 12

- 4 What was the approximate year that you spent time in each institution/institutional setting (NB keep in order of attendance correct according to E2)

Institution	Before 1910	1910-19	1920-29	1930-39	1940-49	1950-59	1960-69	1970-79	1980-85
1.....	1	2	3	4	5	6	7	8	9 (26)
2.....	1	2	3	4	5	6	7	8	9 (27)
3.....	1	2	3	4	5	6	7	8	9 (28)
4.....	1	2	3	4	5	6	7	8	9 (29)
5.....	1	2	3	4	5	6	7	8	9 (30)
6.....	1	2	3	4	5	6	7	8	9 (31)
7.....	1	2	3	4	5	6	7	8	9 (32)
8.....	1	2	3	4	5	6	7	8	9 (33)
9.....	1	2	3	4	5	6	7	8	9 (34)
10.....	1	2	3	4	5	6	7	8	9 (35)
11.....	1	2	3	4	5	6	7	8	9 (36)
12.....	1	2	3	4	5	6	7	8	9 (37)
13.....	1	2	3	4	5	6	7	8	9 (38)
14.....	1	2	3	4	5	6	7	8	9 (39)
15.....	1	2	3	4	5	6	7	8	9 (40)
16.....	1	2	3	4	5	6	7	8	9 (41)
17.....	1	2	3	4	5	6	7	8	9 (42)
18.....	1	2	3	4	5	6	7	8	9 (43)
19.....	1	2	3	4	5	6	7	8	9 (44)
20.....	1	2	3	4	5	6	7	8	9 (45)

APPENDIX I INTERVIEW SCHEDULE

CARD

3 (1)

Document Number

(2-5)

5 Approximately how much time did you spend in each institution/institutional setting (NB keep order of attendance correct according to E2)

Institution	Less than 24 hrs	Less than 1 week	Less than 1 month	Less than 3 months	Less than 6 months	Less than 9 months	Less than 1 year	Less than 2 years	Less than 3 years	Less than 4 years	Less than 5 years	More than 5 years	
1.....	01	02	03	04	05	06	07	08	09	10	11	12	(6)
2.....	01	02	03	04	05	06	07	08	09	10	11	12	(7)-(8)
3.....	01	02	03	04	05	06	07	08	09	10	11	12	(9)-(10)
4.....	01	02	03	04	05	06	07	08	09	10	11	12	(11)-(12)
5.....	01	02	03	04	05	06	07	08	09	10	11	12	(13)-(14)
6.....	01	02	03	04	05	06	07	08	09	10	11	12	(15)-(16)
7.....	01	02	03	04	05	06	07	08	09	10	11	12	(17)-(18)
8.....	01	02	03	04	05	06	07	08	09	10	11	12	(19)-(20)
9.....	01	02	03	04	05	06	07	08	09	10	11	12	(21)-(22)
10.....	01	02	03	04	05	06	07	08	09	10	11	12	(23)-(24)
11.....	01	02	03	04	05	06	07	08	09	10	11	12	(25)-(26)
12.....	01	02	03	04	05	06	07	08	09	10	11	12	(27)-(28)
13.....	01	02	03	04	05	06	07	08	09	10	11	12	(29)-(30)
14.....	01	02	03	04	05	06	07	08	09	10	11	12	(31)-(32)
15.....	01	02	03	04	05	06	07	08	09	10	11	12	(33)-(34)
16.....	01	02	03	04	05	06	07	08	09	10	11	12	(35)-(36)
17.....	01	02	03	04	05	06	07	08	09	10	11	12	(37)-(38)
18.....	01	02	03	04	05	06	07	08	09	10	11	12	(39)-(40)
19.....	01	02	03	04	05	06	07	08	09	10	11	12	(41)-(42)
20.....	01	02	03	04	05	06	07	08	09	10	11	12	(43)-(44)-(45)

APPENDIX I INTERVIEW SCHEDULE

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6 How much time all together in total, did you spend in the institutions you mentioned (approximately)

- less than a day 01
- less than a week 02
- less than a month 03
- less than 3 months 04
- less than 9 months 05
- less than 1 year 06
- less than 18 months 07
- less than 2 years 09
- less than 3 years 10
- less than 4 years 11
- less than 5 years 12
- less than 10 years 13
- more than 10 years 14

7 Were any of the following reasons the reason you spent in any institutional setting/institution?
(Name institution)

- | | YES | NO | INSTITUTION(S) |
|--|-----|--------|----------------|
| (a) Went voluntarily, of own accord | 1 | 2 (48) | ..... |
| (b) was no court order, but I was under pressure to go | 1 | 2 (49) | ..... |
| (c) was told to go by person under whose supervision I was placed by a court of law | 1 | 2 (50) | ..... |
| (d) was sent by a children's court because of my parents/guardians mobility/unfitness to care for me | 1 | 2 (51) | ..... |
| (e) was sent by a children's court because of my own behaviour | 1 | 2 (52) | |

APPENDIX I INTERVIEW SCHEDULE

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7 Continued

	YES	NO	INSTITUTION(S)
(f) was a condition of probation of a children's court	1	2 (53)
(g) was sent by a juvenile court	1	2 (54)	.....
(h) was sent by a rehabilitation court (alcohol, drugs, deviancy)	1	2 (55)	.....
(i) was a condition of a rehabilitation court postponed order	1	2 (56)	.....
(j) was sent by an adult criminal court	1	2 (57)	.....
(k) was a condition of a postponed/suspended sentence in a criminal court	1	2 (58)	.....
(l) licence/parole revoked	1	2 (59)	.....
(m) none of the above	1	2 (60)	.....
(n) other (state).....	1	2 (61)	.....
.....			
.....			
.....			

F INSTITUTIONAL EXPERIENCES

- 1 Describe the major overall effect on you in respect of having spent time in institutions
- very harmful 1
 - harmful 2
 - neutral 3
 - helpful 4
 - very helpful 5
 - other (describe)..... 6 (62)
 -
 -
 -

APPENDIX I INTERVIEW SCHEDULE

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2 Comment on your answer (to F1)

.....
.....
.....
.....

3 What, in your view, is the major reason(s) that the
time you spent in institutions had this effect on you?

.....
.....
.....
.....
.....

4 Do any of the effects of institutionalization persist
until today?

Yes	1	
No	2	
Other (state)	3	(63)
.....		

5 If yes, which effects?

.....
.....
.....

6 If no, expand

.....
.....
.....

APPENDIX I INTERVIEW SCHEDULE

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7 Do you believe, generally speaking, that a period or periods of time spent in institutions can lead to anti-social or criminal behaviour in the community?

- Yes 1
- No 2
- Other 3
-

8 Comment on your answer to 7

.....
.....
.....
.....

9 Besides the time you spent in institutions, is there anything else that you believe has contributed to your present circumstances (i.e. being convicted of offence)

- Yes 1
- No 2
- Other..... 3 (65)
-

10 If yes, what

.....
.....
.....
.....
.....

G PERSONAL AND FAMILY BACKGROUND

1 Did your parents/guardians or siblings ever spend time in any institution(s) before you were 18 years old?

	YES	NO
(a) mother	1	2
(b) father	1	2
(c) guardian	1	2
(d) sibling	1	2

2 If yes, which institution(s)

Relationship	Institution(s)
-----	-----
mother	
father	
guardian	
sibling 1	
2	
3	
4	
5	

3 Have any of your children ever spent time in an institution?

Yes	1
No	2
No children	3 (70)

APPENDIX I INTERVIEW SCHEDULE

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4 If yes, which institution(s)

Child	Institution(s)
-----	-----
1	
2	
3	
4	
5	

H CURRENT FUNCTIONING

1 Besides being in the process of awaiting sentence, how would you rate your life now on the following scale?

- | | | |
|-----------------------|---|------|
| - always problem free | 1 | |
| - mostly problem free | 2 | |
| - seldom problem free | 3 | |
| - never problem free | 4 | |
| - other..... | 5 | (71) |

2 Please explain your answer

.....

.....

.....

.....

.....

.....

.....

.....

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